
APPLICATION INSTRUCTIONS

● GENERAL REQUIREMENTS

An applicant must be:

1. A U.S. citizen or a permanent resident alien (PRA). A non-citizen must have obtained PRA status PRIOR to submitting an application. Some laboratories are not able to accept applicants who are PRAs. An applicant with PRA status should check on citizenship requirements at his or her choice of facility before applying.
2. A full-time permanent faculty member at an accredited U.S. college or university.

A complete application consists of:

1. Application form
2. Current vitae
3. Description of current and previous research
4. Two references (forms preferred)
5. Certification of salary form
6. Copy of permanent resident alien card (PRA)
7. Data processing information form
8. Applicant data form

● ADDITIONAL REQUIREMENTS

An applicant for a sabbatical appointment must include a statement describing the financial arrangements with their academic institution, including fringe benefits paid by the institution. State as a percentage of salary and itemize.

An applicant for a part-time appointment (available only at METC and PETC) needs to submit a signed Part-Time Appointment Approval Form (enclosed).

An applicant to a facility other than a fossil energy facility is limited to an appointment of not more than five months within the past five years unless funding comes from the facility.

An applicant to a fossil energy facility:

1. Must be a U.S. citizen.
2. Is limited to three appointments in a five-year period (two consecutive appointments followed by a year without an appointment), unless funding comes from the facility.
3. Must provide a detailed statement of the educational objectives and benefits to be realized as a result of the appointment.

● APPLICATION DEADLINE

The deadline for applying for sabbatical leave and summer appointments is the third Tuesday in January. The deadline for part-time appointments is two months prior to the desired starting date.

Return all application materials to:

Faculty Research Participation Program, Education and Training Division, Oak Ridge Institute for Science and Education, P.O. Box 117, MS 36, Oak Ridge, Tennessee 37831-0117, **Attn: Kay Ball**.
Overnight Address: 200 Badger Avenue, Oak Ridge, Tennessee 37830. Phone: (423) 576-8807.

Participating Research Facilities

Federal Energy Technology Center
Morgantown Energy Technology Center (METC)*
Pittsburgh Energy Technology Center (PETC)*
Oak Ridge National Laboratory (ORNL)
Oak Ridge Y-12 Plant
Savannah River Site (SRS)

Other Participating Research Facilities

Centers for Disease Control and Prevention
National Oceanic and Atmospheric Administration
National Science Foundation
National Center for Toxicological Research
U.S. Army Center for Health Promotion and Preventive Medicine
U.S. Army Aberdeen Test Center
U.S. Army Edgewood Research, Development and Engineering Center
U.S. Army Aviation and Troop Command
U.S. Army Environmental Policy Institute
U.S. Army Garrison, Aberdeen Proving Ground
U.S. Army Medical Research Institute of Infectious Disease

*Fossil Energy Facilities

Application Form *Please type or print clearly.*

1. Choice of Facility
 1st Choice _____
 2nd Choice _____
2. Type of Appointment (check one)
 _____ Summer _____ Part Time
 (METC, PETC only;
 additional form required)
 _____ Sabbatical
3. Requested Dates From _____ To _____
4. Name _____
5. Social Security Number _____
6. Institution _____
7. Department Phone _____
8. Department _____
9. Office Phone _____
10. Street Address _____
11. Office Fax _____
12. City, State, Zip _____
13. E-mail _____
14. Permanent Address _____
15. Home Phone _____
16. U.S. Citizen? Other Citizenship? Permanent Resident Alien? Yes ___ No ___
 Yes ___ No ___ Country _____ PRA Card Number _____
17. Education

Highest Degree Earned	Major	Institution/Campus	Date
18. Employment Record (begin with current)

From	To	Employer	Position/Rank	Nature of Work
19. List two professional references who have been asked to transmit recommendation directly to ORISE.
 1. _____ 2. _____
20. List members of facility scientific staff with whom you have had contact.
 1. _____ 2. _____
21. I am interested in having my application considered for similar programs. Yes ___ No ___ Yes, but call first. ___
22. I understand that all information supplied in support of this application will be transmitted to the facilities I have chosen.

Signature of Applicant

Date

Reference Letter *Please type or print clearly.*

Name of Applicant (Last, First, Middle) _____

How long and in what association have you known the applicant? _____

Put your comments here.

Signature _____ Date _____

Typed Name and Title _____

Address _____

Return to:

Kay Ball
Faculty Research Participation
Oak Ridge Institute for Science and Education
Science Engineering and Education
P.O. Box 117, MS 36
Oak Ridge, Tennessee 37831-0117

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Certification of Salary

Please type or print clearly.

TO BE COMPLETED BY THE APPLICANT:

1. Name _____ Institution _____

 3. Choice of Facility
 1st Choice _____
 2nd Choice _____
 4. Type of Appointment (check one)
 _____ Summer _____ Part Time (METC, PETC only)
 _____ Sabbatical

 5. Does the applicant want this document to be privileged information? Yes _____ No _____
 Disclosure of this information is made subject to Public Law 93-579 (the Privacy Act of 1974) and U.S. Department of Energy regulations as published in the Federal Register on September 30, 1977.
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TO BE COMPLETED BY THE INSTITUTIONAL ADMINISTRATIVE OFFICE:

1. Applicant's employment contract with this institution is full time _____ or part time _____?

2. Months of required service _____ Academic salary ends _____

3. Base academic salary for required service excluding all fringe benefits _____
 Do not include extra pay for summer school teaching, overtime teaching, special payment for contract work, consultant fees, or any other compensation not covered by the contract.

4. Does the institution want this document to be privileged information? Yes _____ No _____
 Disclosure of this information is made subject to Public Law 93-579 (the Privacy Act of 1974) and U.S. Department of Energy regulations as published in the Federal Register on September 30, 1977.

5. For faculty employed for 10 or more months per year, provide a statement of the institutional policy regarding participation in outside activities for which a gratuity may be provided.

6. For faculty applying for sabbatical appointments, include a statement describing the financial arrangements with the institution, including fringe benefits paid by the institution. **State as a percentage of salary and itemize.**

Signature _____ Date _____

Typed Name and Title _____ Phone _____

Address _____

Return to:

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 Faculty Research Participation
 Oak Ridge Institute for Science and Education
 Science Engineering and Education
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 Oak Ridge, Tennessee 37831-0117

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Questions? Telephone: (423) 576-8807

Applicant Data

Applicant data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your completion and submission of this form will assist us in this regard, however, your failure to do so will not affect our decision regarding your application. We appreciate your cooperation.

Name _____ Date _____

Program Applied For _____

- Race () Caucasian (Having origins in any one of the original peoples of Europe, North Africa, or the Middle East)
- () Black (Having origins in any of the Black peoples of Africa)
- () Hispanic (Of Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture of origin, regardless of race)
- () American Indian (Having origins in any of the original peoples of North America, and maintaining cultural identification through tribal affiliation or community recognition)
- () Asian or Pacific Islander (Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands—for example, India, China, Japan, Korea, Philippine Islands, and Samoa)

Sex _____ Birth Date _____
Month Day Year

Physical/mental disabilities (physical or mental impairment that substantially limits one or more major life activities--for example, blindness, deafness, or mobility impairment): Yes ___ No ___