

NIEHS Medical Student Research Fellowships
Division of Intramural Research, NIEHS, Research Triangle Park, NC, 27709

Submit the Application electronically via email to: tammy.collins@nih.gov and janet.hall@nih.gov

Required letters of reference and transcripts should be sent directly to:

Tammy R.L. Collins, Ph.D.
Director, Office of Fellows' Career Development
Division of Intramural Research
NIEHS
111 T.W. Alexander Drive, Mail Drop A2-01
Research Triangle Park, NC 27709

Eligibility Criteria:

1. This program is intended for pre-doctoral students pursuing the M.D. or M.D.-Ph.D. degrees.
2. Candidates must currently be enrolled in a medical school accredited by the Liaison Committee on Medical Education (LCME).

Application Tips:

Choose an appropriate investigator at NIEHS who will serve as your preceptor for this research Fellowship. To access information about NIEHS intramural scientists and their research programs, see <https://www.niehs.nih.gov/research/atniehs/dir/index.cfm>. A search engine is available at <https://irp.nih.gov/our-research/scientific-focus-areas> to guide in accessing research areas and methodologies. Alternatively, you may contact Dr. Janet Hall for advice on membership choices given your area(s) of interest.

1. Discuss with that person your interests and credentials. If that individual and you agree that you would be a good fit in that laboratory, then decide upon a suitable project that is mutually acceptable to you both.
 - a. The project should have relevance to your career interests in human health.
 - b. The project should be appropriate for the period of time proposed (typically, one year) and to your level of scientific/health skills
 - c. The project should be relevant to environmental health. A strong application will show how environmental factors will be studied with respect to the research.
 - d. The NIEHS PRECEPTOR shall write a letter or email addressed to Dr. Tammy Collins, outlining support for your candidacy, for the project itself, and their plans for you to be mentored during your project.
2. Please supply all requested information below. NIEHS will not accept your application if any of these fields is blank. If you wish to submit your application now but would like to take more time to compose your responses for some requested fields, you can do so by entering "placeholder" data (e.g., "To be submitted at a later date") in the relevant fields. It is your responsibility to update the entry by submitting a revised, complete application form prior to the deadline date.
3. Be sure that the e-mail addresses you provide for your references are accurate.
4. Proofread your application thoroughly for accuracy and completeness.

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5. Apply as early as possible and encourage your references to submit their letters promptly using the electronic system.

Awardees will be notified as early as February 28 and will begin their fellowship in late summer/early fall.

The **Application** **Itself**

I. Personal Information

Name:

First: _____

Initial: _____

Last: _____

Academic E-mail Address: _____

Current Mailing Address:

Address 1 _____

Address 2 _____

City _____

State _____

Zip Code _____

Country _____

Telephone Number for Contact during Business Hours: _____

II. Proposed Fellowship Period:

1. Requested starting date (month/year) _____

2. Requested duration (months) _____

III. Academic Information

Medical School Name: _____

Your Current Year of Medical School: _____

Year of School for which you seek this Fellowship: _____

NOTE: All 4th year applicants who are selected to participate in the NIEHS Fellowship program must make arrangements with their medical school to defer graduation until after completing the Fellowship period. This requirement must be met prior to starting at NIEHS.

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Reference 3:

Full Name: _____
Academic Address: _____
Email address: _____
Tel.: _____

NIEHS Preceptor

Full Name: _____
Academic Address: _____
Email address: _____
Tel.: _____

Your proposed preceptor must submit a letter on your behalf as described above.

VI. The Research Proposal:

1. Clinical Research Area of Interest: _____

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2. (One page maximum) Discuss your research interests, career goals, and reasons for applying for the NIEHS Medical Student Research Fellowship. Attach as a separate file or you may choose to paste the text into this text box:

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(Two pages maximum) Describe the research project. Indicate the background to the research, the hypothesis to be tested, the approach to be taken, and the research tools you propose to use. Discuss this portion in detail with your NIEHS preceptor. Attach as a separate file or you may choose to paste the text into this text box and the one on the following page. PROJECT Page 1:

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PROJECT Page 2: