

Application System

Fellowship Application

Now Accepting Fellowship Applications

The CFPF is now accepting fellowship applications for the class entering in June 2021.

The deadline for all applications is 11:59 pm, U.S. Eastern Daylight Time on August 17, 2020. To apply, you must create a fellowship application by following the instructions provided below.

The deadline for all supporting documentation (Letters of Reference, Letters of Assurance, Proof of Employment) is 11:59 pm U.S. Eastern Daylight Time on August 24, 2020. All supporting documentation must be requested through your application account.

For more information about completing a fellowship application, please see [How to Apply](#).



Creating a Fellowship Application

To create a fellowship application, you must first establish a Login Service Account. Once you have an account, you may complete your application.

Step 1: Request a Login Service Account

To begin a fellowship application, you must first have a Login Service Account. The account allows you to manage your username and password and provides greater security for your personal information.

- If you do not already have a Login Service Account, then you must request an account. If you have a Login Service Account, then proceed to step 2.
- Please allow 1-2 business days for your account to be approved. You should allow sufficient time to create the account before the August 17, 2020 deadline.
- You will be notified by e-mail when your account has been created.

[Request a Login Service Account](#)

Step 2: Begin Your Fellowship Application

Once your Login Service Account has been created, you may begin your fellowship application.

- If this is your first time creating a fellowship application, then you will log in, complete a brief form, and begin your application.
- If you are a returning user who created a fellowship application in a past year, then you will log in. If you have not previously done so, you will then link your Login Service account to your application, and begin. Once the link is made, you will not be asked to do it again.

[First Time Applicant](#)

[Returning Users: Log In](#)

OMB Number: 0925-0761 Expiration Date: 07/31/2022

Technical support is available Monday through Friday from 9:00 AM to 5:00 PM U.S. Eastern Time. For help, please contact cfpf@imswb.com.

Application System

OMB Burden Statement

OMB No: 0925-0761

Expiration Date: 07/31/2022

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being asked to complete this instrument so that we can evaluate the effectiveness of it.

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0761) . Do not return the completed form to this address.

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Request a Login Service Account

IMS Login Service

Apply For A New Account

Your new account can be used to log into participating portals and web applications that use the IMS Login Service. Please [contact us](#) if you have questions about the process.

All fields are required.

Profile Information

First Name:

Last Name:

Email Address:

If you were invited to create an account by another system, please make sure to use the email address that received the invitation.

Verify Email Address:

Phone Number:

Used for account verification.

Choose a Username

At least 3 characters long.
Letters and numbers only.

Username:

Usernames are case-sensitive.
We recommend using one that's easy to remember such as a combination of your last name and first initial.

Choose a Password

Passwords must be at least 8 characters long and include characters from **at least 3** of the following:

Uppercase letters (A-Z)

Lowercase letters (a-z)

Numerals (0-9)

Special characters (! # \$ % & * + = , - . / : ; () < > ? @ \ ^ _ ` ~)

Passwords will expire every 60 days.

Password:

Confirm Password:

Security Questions

Answers are not case-sensitive.

Question One:

Answer One:

Question Two:

Answer Two:

Question Three:

Answer Three:

Why are you requesting an account?

Please provide the name of the project or portal you are trying to access. The name of the project administrator/manager/officer would also be useful to help expedite the account approval process.

Reason:

Application System

Create an Application Account

You may create a new application account by completing this form. The information that you provide below may be used to contact you in case there is any problem with your account.

■ All fields are required.

First Name ■

Last Name ■

Preferred E-mail ■

Verify Preferred E-mail ■

Preferred Phone ■

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[Returning Users: Log In](#)

Application System

Log In

The CPFP Application System utilizes Single Sign On (SSO) and can accommodate two types of login credentials:

- [IMS Login Service](#) - An account authorized by the CPFP to users who do not have an NIH account.
- [NIH Network](#) - An account used to log into the National Institutes of Health (NIH) Network.

Applicants to the Fellowship Program: First time applicants should follow the instructions on [how to apply to the fellowship program](#).

Need assistance? Send an email to the [administrator](#).

Warning Notice for U.S. Government Systems

- This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.
- This system is provided for Government-authorized use only.
- Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.
- Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.
- By using this system, you understand and consent to the following:
 - The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.
 - Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

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IMS Login Service

This is a service that allows members to log into participating portals and web applications administered by Information Management Services, Inc.

Username:

Password:

Please do not bookmark this page.

Login

[Forgot your username or password?](#)

[New User? Create an account](#)

This page is not directly accessible. Please try visiting the home page of the system you are trying to access.

Need assistance? E-mail the [administrator](#) and include details about the system you are trying to access.

[IMS, Inc.](#)



Application System

[Home](#) > [Create Application](#)

[Contact Us](#) | [My Account](#) | [Logout](#) (Aaron)

Fellowship Application Portfolio

[Overview](#) | [Other Applications](#)

We would like to welcome you back to the Cancer Prevention Fellowship Program application. To create a new application, please click the button below.

[Create an Application](#)

Please note the deadlines for your application and supporting documentation.

- The deadline for submitting your application is on or before **11:59 PM, August 17, 2020 U.S. Eastern Daylight Time.**
- The deadline for submitting all supporting documentation is on or before **11:59 PM, August 24, 2020 U.S. Eastern Daylight Time.**

You cannot update your application from last year. However, you can view your [previous year application\(s\)](#).

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Applicant has account, but hasn't applied yet for this application cycle.



NATIONAL CANCER INSTITUTE Cancer Prevention Fellowship Program

Application System

[Home](#) > **Other Applications**

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[Overview](#) | **Other Applications**

Other Applications

You have applications from other year(s). Please click to navigate to an application.

- [Application for Entry in 2020](#)

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Applicant has applications in previous years.

[Begin Fellowship Application](#)

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Contact Information

■ = required field

Name

Title ■ First Name ■ Middle Name Last Name ■ Suffix
 Mr. ▼ Aaron [] Applicant ▼

Degrees (e.g. PhD, MD, MPH, ...)

Demographic Information

Gender ■

- ☒ Male
☐ Female
☐ Prefer Not to Respond

[? Why am I being asked for this?](#)

Ethnicity ■

- ☐ Hispanic or Latino
☒ Not Hispanic or Latino
☐ Prefer Not to Respond

[? Who qualifies as Hispanic or Latino?](#)

Race (check as many as apply) ■

- ☐ American Indian or Alaska Native
☐ Asian
☒ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☒ White
☐ Prefer Not to Respond

Date of Birth (mm/dd/yyyy) ■

1/1/1990

City of Birth

State/Province of Birth

Country of Birth

Why am I being asked for this?
 We collect gender, ethnicity, race, birth date, and birth location to form a demographic profile of the applicant pool. We provide this information to reviewers only when summarizing the entire group of applicants. Questions offering Prefer Not to Respond options are voluntary and selecting these options bear no impact on the submitted application during the review process.

Who qualifies as Hispanic or Latino?
 A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Home Address

Address

10 W. Patrick Street

City

Frederick

State/Province

Maryland

Zip/Postal Code

21701

Country

USA

Work/School Address

Are you currently employed or in graduate school?

☒ Yes

☐ No

Position Title

Employer/School

Department/Division

Address

City

State/Province

Zip/Postal Code

Country

Contact Information

Preferred Phone

555-555-5555

Alternate Phone

Fax

Preferred E-mail

aaron.applicant@gmail.com

New Preferred Email

Verify New Preferred E-mail

Alternate Email

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Citizenship

Please provide your citizenship status. You must be one of the following to be eligible for the program.

■ = required field

Citizenship

<input checked="" type="radio"/>	United States Citizen	
<input type="radio"/>	Permanent Resident of the United States	▲
<input type="radio"/>	Applying through the Ireland-NCI Cancer Consortium	▲
<input type="radio"/>	Applying through the FUNIN-NCI Partnership	▲

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Citizenship

Please provide your citizenship status. You must be one of the following to be eligible for the program.

■ = required field

Citizenship

☐ United States Citizen

☒ Permanent Resident of the United States ▼

Please provide your country of citizenship and permanent resident number below.

Country of Citizenship ■

Permanent Resident Number ■

As a permanent resident of the United States, you must upload a copy of proof of eligibility for citizenship (I-551 stamp).

Proof of Citizenship ■

Choose File No file chosen

☐ Applying through the Ireland-NCI Cancer Consortium ▲

☐ Applying through the FUNIN-NCI Partnership ▲

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Citizenship

Please provide your citizenship status. You must be one of the following to be eligible for the program.

■ = required field

Citizenship

☐ United States Citizen

☐ Permanent Resident of the United States ▲

☒ Applying through the Ireland-NCI Cancer Consortium ▼

To apply through the Ireland-NCI Cancer Consortium, you must first obtain a tracking number:

- Contact the Health Research Board to ensure that eligibility criteria are satisfied. If you meet the eligibility requirements, you will be assigned a tracking number.
- Allow sufficient time to obtain approval through the Consortium prior to the August 17, 2020 deadline.

Tracking Number ■

You must be a citizen of the Republic of Ireland. Please upload proof of citizenship.

Proof of Citizenship ■

Choose File No file chosen

Lastly, you must request proof of employment in Ireland. You can exit this application and go to the Employment tab to request proof of employment.

☐ Applying through the FUNIN-NCI Partnership ▲

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Citizenship

Please provide your citizenship status. You must be one of the following to be eligible for the program.

■ = required field

Citizenship

<input type="radio"/> United States Citizen	
<input type="radio"/> Permanent Resident of the United States	▲
<input type="radio"/> Applying through the Ireland-NCI Cancer Consortium	▲
<input checked="" type="radio"/> Applying through the FUNIN-NCI Partnership	▼

To apply through the FUNIN-NCI Partnership, you must first obtain a tracking number:

- Contact FUNIN to ensure that eligibility criteria are satisfied. If you meet the eligibility requirements, you will be assigned a tracking number.
- Allow sufficient time to obtain approval through the Partnership prior to the August 17, 2020 deadline.

Tracking Number ■

You must be a citizen of Costa Rica. Please upload proof of citizenship.

Proof of Citizenship ■

Choose File No file chosen

Please provide your test scores from either (or both of) the Test of English as a Foreign Language (TOEFL [®]) or the International English Language Testing System (IELTS [®]) test.

	Reading ■	Listening ■	Speaking ■	Writing ■	Total
<input checked="" type="checkbox"/> TOEFL Scores	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> IELTS Scores	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide documentation from either (or both) of the TOEFL and IELTS tests.

Test Documentation ■

Choose File No file chosen

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TOEFL link: <http://www.ets.org/toefl>
IELTS link: <https://www.ielts.org/en-us/>

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Education

Please provide information on degrees conferred or expected to be conferred. Additionally, we would like to know if you have received postdoctoral training at the National Institutes of Health.

Degrees Awarded or Expected

- Provide *each* graduate **and** undergraduate degree awarded or expected.
- Do not include postdoctoral fellowships, internships, certifications, or other training. These experiences may be described in your *curriculum vitae*.
- If you are currently enrolled in an accredited doctoral degree program but have not yet fulfilled all degree requirements, you must request a Letter of Assurance stating that all degree requirements will be completed before the start of the CPFP, June 2021. You can exit this application and go to the Assurance Letters tab to request a Letter of Assurance.
- You must upload UNOFFICIAL transcripts for each graduate and undergraduate degree listed below. You do not need to upload your transcripts to proceed with your application. However, they must be provided before you can *submit* your application.
- Upload your transcripts in PDF format (preferable) or as a Word document.
- Certified transcripts cannot be processed by this system. If you have a certified transcript, please scan it and upload the scanned version as a PDF.

Add a Degree

Degree	University	Transcript
PhD, exp May 2021	[edit] [delete] Harvard University	[add]

NIH Postdoctoral Training

☐ I have received or am receiving postdoctoral training at the National Institutes of Health.

? [Why am I being asked for this?](#)

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Save & Exit

Why am I being asked for this?
We are interested in the amount of postdoctoral training you have received or are receiving at the National Institutes of Health because it may affect your eligibility for the fellowship program.

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Add Degree

- Complete this form for *each graduate and undergraduate degree* awarded or expected.
- Do not include postdoctoral fellowships, internships, certifications, or other training. These experiences may be described in your *curriculum vitae*.
- Do not include incomplete degrees if you are NOT expecting to receive a degree. This course work may also be described in your *curriculum vitae*.

[Am I eligible?](#)

■ = required field

Degree

Degree (as it appears on your transcript) ■ If other, please specify:

Status ■

Month

Year ■

This degree was Awarded ▾

in

Major (separate double major with a comma) ■

Minor

University or College (e.g., University of Maryland, Washington College, etc.) ■

School (e.g., School of Public Health, College of Arts and Sciences, etc.)

Department or Division (e.g., "Department of Chemistry")

City ■

State/Province

Country ■

Save

Cancel

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Save & Exit

Eligibility link: <https://cpfp.cancer.gov/fellowship-program/become-fellow/eligibility>

Lookup Values for Degree:

Associate's,
BA, BS, BSN, Other Bachelor's,
MA, MS, MPH, MSPH, MSN, ScM, Other Master's,
MD, MBBS, MBBCh, DVM, DDS, DMS, DO, Other
Doctoral (Medical),
PhD, DrPH, JD, ScD,
Other Doctoral (PhD equiv)

Lookup Values for Status:

This degree was Awarded
This degree is Expected

Lookup Values for Month:

January...December

Lookup Values for State/Province:

- U.S. states
- U.S. territories
- Canadian provinces



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Add Transcript

Please add the transcript for your PhD from Harvard University (2021).

- This is a required item.

Add Transcript

Browse to find your document. ■

Choose File No file chosen

Save Cancel

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Personal Statement of Research Goals

Please complete your personal statement as follows:

■ = required field

- Describe your research interests and goals and how these relate to the field of cancer prevention and control.
- Provide insight into your short- and long-term career goals, and explain how the CPFP will help you in achieving those goals.
- Limit your personal statement to two typed, single spaced pages and use 12-point font and 1 inch margins.
- Use a common font such as Arial, Georgia, Tahoma, Times New Roman, Verdana.
- Include your name in the header of the document.
- Save your personal statement in PDF format (preferable) or as a Word document.

Personal Statement ■

Choose File No file chosen

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Curriculum Vitae

Please complete your *curriculum vitae* as follows:

■ = required field

- See [Information to Include in Curriculum Vitae](#). Your CV is the place to include prior fellowships, internships, certifications, other training, education, work experience, bibliography, etc.
- Use a common font such as Arial, Georgia, Tahoma, Times New Roman, Verdana.
- Include your name in the header of the document.
- Save your *curriculum vitae* in PDF format (preferable) or as a Word document.

Curriculum Vitae ■

Choose File No file chosen

Research Interests

Please provide up to 6 keywords or phrases describing your research interests (e.g., Nutrition, Epigenetics, Health Care Delivery, Data Science, Health Disparities).

Research Interests ■

1.
2.
3.
4.
5.
6.

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CV link:

<https://cpfp.cancer.gov/fellowship-program/application-guidelines/information-include-curriculum-vitae>

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How Did You Hear About the CPFP?

How did you hear about the NCI's Cancer Prevention Fellowship Program?

- Choose as many as apply.
- No information included in this section will be provided to the reviewers for evaluation.
- You will NOT be evaluated on the information that you provide in this section.

■ = required field

How Did You Hear About the CPFP?

- ☐ Internet Search (e.g. Google, Yahoo, BING) (please specify)
- ☐ Social Media (e.g., Twitter, Facebook, LinkedIn) (please specify)
- ☐ Friend or Peer (please list name(s))
- ☐ Advisor or Professor (please list name(s))
- ☐ Received an E-mail directly from the CPFP
- ☐ An E-mail from the CPFP was forwarded to me (please indicate by whom)
- ☐ Received a Postal Mailing
- ☐ Scientific Meeting (please indicate which meeting)
- ☐ Career Fair (please indicate which career fair)
- ☐ Job Search Website (please indicate which website)
- ☐ University Career Services Office (please indicate which university)
- ☐ Other (please describe)

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Feedback

We welcome your feedback about the *application process*.

- Do NOT include any additional information about yourself. That information should be included in your *curriculum vitae*.
- No information included in this section will be provided to the reviewers for evaluation.
- You will NOT be evaluated on the information that you provide in this section.

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Fellowship Application Portfolio

We have not yet received your online application or all of your required supporting documentation.

- The deadline for submitting your application is on or before 11:59 PM, August 17, 2020 U.S. Eastern Daylight Time.
- The deadline for submitting all supporting documentation is on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight Time.

Technical Support is now available on Monday - Friday, from 9:00 am to 5:00 pm U.S. Eastern Daylight Time. For support, please contact us at cpfp@imswweb.com.

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Overview

Your fellowship application portfolio is **INCOMPLETE**. The following items are required of ALL applicants.

Item	Status
Online Application. You must provide your contact information, US citizenship status, educational history, and unofficial academic transcripts. Additionally, you must upload your personal statement of research goals and your <i>curriculum vitae</i> as indicated in the application. <i>Go to the Application to edit and submit your application.</i>	Not Submitted
Letters of Reference. You must request current and original letters of reference from four individuals in the scientific/academic community who have knowledge of your scientific accomplishments, motivation, skills, and potential for leadership. Letters of reference from peers are discouraged. If more than four letters are received, only the first four letters will be reviewed. <i>Go to the References tab to request letters of reference. You may request letters of reference even before your application has been submitted.</i>	0/4 received

The following items may be required, depending on your situation.

Item	Status
Letter of Assurance (Doctoral degree candidates only). <ul style="list-style-type: none"> ■ If you are currently enrolled in an accredited doctoral degree program but have not yet fulfilled all degree requirements, you must submit a letter assuring that all degree requirements will be completed before the start of the CPFP, June 2021. ■ You must request the Letter of Assurance from either the chair of your dissertation committee (e.g., PhD candidates) or the dean of the school (e.g., MD candidates). <i>Go to the Assurance Letters tab to request a letter of assurance. You may request a Letter of Assurance even before your application has been submitted.</i>	0/1 received
Proof of Employment. <ul style="list-style-type: none"> ■ If you are applying through the Ireland-NCI Cancer Consortium, you must request a letter certifying proof of employment. ■ U.S. citizens and permanent residents of the United States are NOT required to submit proof of employment. ■ If you are applying through the FUNIN-NCI Partnership, you are NOT required to submit proof of employment. <i>Go to the Employment tab to request proof of employment. You may request proof of employment even before your application has been submitted.</i>	0/0 received

Fellowship Application Portfolio

We have not yet received your online application or all of your required supporting documentation.

- The deadline for submitting your application is on or before 11:59 PM, August 19, 2019 U.S. Eastern Daylight Time.
- The deadline for submitting all supporting documentation is on or before 11:59 PM, August 26, 2019 U.S. Eastern Daylight Time.

Technical Support is now available on Monday - Friday, from 9:00 am to 5:00 pm U.S. Eastern Daylight Time. For support, please contact us at ccfo@imsweb.com.

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Application

You have provided all required information in your application. However, your application has NOT been submitted. Prior to submitting your application, we recommend that you:

- Review your application for completeness and correctness (including spelling, grammar, and proper capitalization).
- Edit your application to change any responses. You may edit the application until it is submitted.

You must submit your application on or before 11:59 PM, August 19, 2019 U.S. Eastern Daylight Time.

[Edit Application](#)[Proceed to Submit Application](#)

Contact Information

Title: Mr.

Name: Aaron Applicant

Degrees:

Gender:* Male

Ethnicity:* Not Hispanic or Latino

Race:* Black or African American; White

Birth Date:* January 1, 1990

Birth Place:*

Preferred Phone: 555-555-5555

Alternate Phone:

Fax:

Preferred E-mail: aaron.applicant@gmail.com

Alternate E-mail:

Home Address:

10 W. Patrick Street

Frederick, MD 21701

Work/School Address:

[Not currently employed or in graduate school]

Citizenship

Type: U.S. Citizen

Education

Degrees:

- PhD, exp May 2021, Harvard University, Boston, MA, Major: Epidemiology
Transcript: [Transcript.pdf](#)

NIH Postdoctoral Training: I have received or am receiving postdoctoral training at NIH.

Personal Statement

Filename: [Personalstatement.pdf](#)

Curriculum Vitae

Filename: [CurriculumVitae.pdf](#)

Research Interests:

Nutrition

Epigenetics

How Did You Hear?*

Received an E-mail directly from the CPFP

Feedback*

Application NOT SUBMITTED

*No information included in this section will be provided to the reviewers for evaluation. You will NOT be evaluated on the information that you provide in this section.

Fellowship Application Portfolio

We have not yet received your online application or all of your required supporting documentation.

- The deadline for submitting your application is on or before 11:59 PM, August 19, 2019 U.S. Eastern Daylight Time.
- The deadline for submitting all supporting documentation is on or before 11:59 PM, August 26, 2019 U.S. Eastern Daylight Time.

Technical Support is now available on Monday - Friday, from 9:00 am to 5:00 pm U.S. Eastern Daylight Time. For support, please contact us at cefo@imsweb.com.

[Overview](#) | [Application](#) | [References](#) | [Assurance Letters](#) | [Employment](#)

Application

Once you submit your application,

- You WILL NOT be able to change any responses to your application. Changes will not be accepted via either electronic or postal mail. Please review your application to be sure it is complete and correct before submitting.
- You WILL be able to update your address and your e-mail address on your My Account page.
- You WILL receive an e-mail confirming that your application has been received.

May we make your application available for review by NIH investigators if you are not selected to participate in the CPFP? ■

- ☐ Yes
☐ No

By submitting this application, I declare that the information I have provided in this application is, to the best of my knowledge and belief, true, correct, and complete.

[Submit Application Now](#) [Cancel](#)

Contact Information

Title: Mr.	Home Address:
Name: Aaron Applicant	10 W. Patrick Street
Degrees:	Frederick, MD 21701
Gender:* Male	Work/School Address:
Ethnicity:* Not Hispanic or Latino	[Not currently employed or in graduate school]
Race:* Black or African American; White	
Birth Date:* January 1, 1990	
Birth Place:*	
Preferred Phone: 555-555-5555	
Alternate Phone:	
Fax:	
Preferred E-mail: aaron.applicant@gmail.com	
Alternate E-mail:	

Citizenship

Type: U.S. Citizen

Education

Degrees:

- PhD, exp May 2021, Harvard University, Boston, MA, Major: Epidemiology
Transcript: [Transcript.pdf](#)

NIH Postdoctoral Training: I have received or am receiving postdoctoral training at NIH.

Personal Statement

Filename: [PersonalStatement.pdf](#)

Curriculum Vitae

Filename: [CurriculumVitae.pdf](#)

Research Interests:

Nutrition
Epigenetics

How Did You Hear?*

Received an E-mail directly from the CPFP

Application System

[Home](#) > [Reference Letters](#)

[Contact Us](#) | [My Account](#) | [Logout](#) (Aaron)

Fellowship Application Portfolio

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[Overview](#) | [Application](#) | [References](#) | [Assurance Letters](#) | [Employment](#)

Letters of Reference

- You must request current and original letters of reference from four individuals in the scientific/academic community who have knowledge of your scientific accomplishments, motivation, skills, and potential for leadership. Letters of Reference from peers are discouraged.
- You must request letters of reference from this page.
- Before requesting a letter of reference, you should contact the individual to see if they will write a letter of reference for you. If so, have them add cpfp@imsweb.com to their e-mail contact list to be sure that they will receive the e-mail request from this website.
- You may request letters of reference BEFORE your application has been submitted.
- You will be notified by e-mail when a letter of reference has been received.
- If more than four letters are received, only the first four letters will be reviewed.
- It is your responsibility to ensure that we have received your letters of reference on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight time.

- Hide the instructions

[Request a Letter of Reference](#)

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[U.S. Department of Health and Human Services](#) | [National Institutes of Health](#) | [National Cancer Institute](#) | [USA.gov](#)

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Application System

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Fellowship Application Portfolio

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[Overview](#) | [Application](#) | [References](#) | [Assurance Letters](#) | [Employment](#)

Request a Letter of Reference

- Enter the name, e-mail, and address of the person from whom you are requesting a letter of reference.
- Be sure that you have asked this individual to add cpfp@imsweb.com to their e-mail contact list.
- Click Request to send an e-mail request to the designated individual.

■ = required field

Title ■ First Name ■ Middle Name Last Name ■ Suffix ■

Degrees

E-mail ■ Verify Email ■

Job Title

Institution Department

Address ■

City ■ State/Province Zip/Postal Code

Country ■

[Request](#) [Cancel](#)

[? What happens when I request this?](#)

Lookup Values:

Title: Mr., Ms., Dr.

Suffix: Sr., Jr., III, IV, V

State/Province:

- U.S. states
- U.S. territories
- Canadian provinces

Application System

[Home](#) > [Reference Letters](#)

[Contact Us](#) | [My Account](#) | [Logout](#) (Aaron)

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- It is your responsibility to ensure that we have received your letters of reference on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight time.

[- Hide the instructions](#)

Request a Letter of Reference

Requested

1. Rhonda Referee, PhD
rhonda.referee@harvard.edu
Professor
School of Public Health
Harvard University
677 Huntington Avenue
Boston, MA 02115
reference letter originally requested on 5/13/2019 at 11:17 AM EDT [\[resend request\]](#)
[\[withdraw\]](#)

Application System

[Home](#) > [Reference Letters](#)

[Contact Us](#) | [My Account](#) | [Logout](#) (Aaron)

Fellowship Application Portfolio

We have not yet received your online application or all of your required supporting documentation.

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[Overview](#) | [Application](#) | [References](#) | [Assurance Letters](#) | [Employment](#)

Letters of Reference

- You must request current and original letters of reference from four individuals in the scientific/academic community who have knowledge of your scientific accomplishments, motivation, skills, and potential for leadership. Letters of Reference from peers are discouraged.
- You must request letters of reference from this page.
- Before requesting a letter of reference, you should contact the individual to see if they will write a letter of reference for you. If so, have them add cpfp@imswweb.com to their e-mail contact list to be sure that they will receive the e-mail request from this website.
- You may request letters of reference BEFORE your application has been submitted.
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- It is your responsibility to ensure that we have received your letters of reference on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight time.

[- Hide the instructions](#)

Request a Letter of Reference

Received

1. Rhonda Referee, PhD
rhonda.referee@harvard.edu
Professor
School of Public Health
Harvard University
677 Huntington Avenue
Boston, MA 02115

Reference Letter.pdf was submitted by Rhonda Referee (rhonda.referee@harvard.edu) on 5/13/2019 at 12:11 PM EDT

Application System

[Home](#) > [Assurance Letters](#)

[Contact Us](#) | [My Account](#) | [Logout](#) (Aaron)

Fellowship Application Portfolio

We have not yet received your online application or all of your required supporting documentation.

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[Overview](#) | [Application](#) | [References](#) | [Assurance Letters](#) | [Employment](#)

Letters of Assurance

Does this apply to me?

- If you are currently enrolled in an accredited doctoral degree program but have not yet fulfilled all degree requirements, you must request a letter assuring that all degree requirements will be completed before the start of the CPFP, June 2021.

If this applies to me, what do I do now?

- Identify who will write the letter of assurance. We ask that the Chair of your dissertation committee (e.g., PhD candidates) or the Dean of the school (e.g., MD candidates) write the letter.
- Contact the individual to see if they will write the letter of assurance for you. If so, have them add cpfp@imsweb.com to their e-mail contact list to be sure that they will receive the e-mail request from this website.
- Request the Letter of Assurance from this page.
- You may request the Letter of Assurance BEFORE your application has been submitted.
- You will be notified by e-mail when the Letter of Assurance has been received.
- It is your responsibility to ensure that we have received your Letter of Assurance on or before **11:59 PM, August 24, 2020 U.S. Eastern Daylight time.**

[- Hide the instructions](#)

Request a Letter of Assurance

Pending Degrees Requiring A Letter of Assurance

- Harvard University, Boston, MA
 - PhD, exp May 2021, Harvard University, Boston, MA, *Major: Epidemiology*

Application System

[Home](#) > [Assurance Letters](#) > [Request Assurance Letter](#)

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[Overview](#) | [Application](#) | [References](#) | [Assurance Letters](#) | [Employment](#)

Request Letter of Assurance

- Enter the name, e-mail, and address of the person from whom you are requesting a Letter of Assurance.
- Be sure that you have asked this individual to add cpfp@imsweb.com to their e-mail contact list.
- Click Request to send an e-mail request to the designated individual.

■ = required field

Title ■ First Name ■ Middle Name Last Name ■ Suffix

Degrees

E-mail ■ Verify Email ■

Job Title

Institution Department

Address ■

City ■ State/Province Zip/Postal Code

Country ■

[? What happens when I request this?](#)

Lookup Values:

Title: Mr., Ms., Dr.

Suffix: Sr., Jr., III, IV, V

State/Province:

- U.S. states
- U.S. territories
- Canadian provinces

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- Hide the instructions

Request a Letter of Assurance

Pending Degrees Requiring A Letter of Assurance

- Harvard University, Boston, MA
 - PhD, exp May 2021, Harvard University, Boston, MA, Major: Epidemiology

Requested

1. Alice Advisor, PhD
alice.advisor@harvard.edu
Professor
School of Public Health
Harvard University
677 Huntington Avenue
Boston, MA 02115
assurance letter originally requested on 5/13/2019 at 11:25 AM EDT ([resend request](#))
([withdraw](#))

Application System

[Home](#) > [Assurance Letters](#)

[Contact Us](#) | [My Account](#) | [Logout](#) (Aaron)

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Pending Degrees Requiring A Letter of Assurance

- Harvard University, Boston, MA
 - PhD, exp May 2021, Harvard University, Boston, MA, Major: Epidemiology

Received

1. Alice Advisor, PhD
alice.advisor@harvard.edu
Professor
School of Public Health
Harvard University
677 Huntington Avenue
Boston, MA 02115

Assurance Letter.pdf was submitted by Alice Advisor (alice.advisor@harvard.edu) on 5/13/2019 at 1:53 PM EDT

Application System

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[Overview](#) | [Application](#) | [References](#) | [Assurance Letters](#) | [Employment](#)

Proof of Employment

Does this apply to me?

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[- Hide the instructions](#)

[Request Proof of Employment](#)

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[Overview](#) | [Application](#) | [References](#) | [Assurance Letters](#) | [Employment](#)

Request Proof of Employment

- Enter the name, e-mail, and address of the person from whom you are requesting proof of employment.
- Be sure that you have asked this individual to add cpfp@imsweb.com to their e-mail contact list.
- Click Request to send an e-mail request to the designated individual.

■ = required field

Title ■ First Name ■ Middle Name Last Name ■ Suffix ■

Degrees

E-mail ■ Verify Email ■

Job Title

Institution Department

Address ■

City ■ State/Province Zip/Postal Code

Country ■

[Request](#) [Cancel](#)

[? What happens when I request this?](#)

Lookup Values:

Title: Mr., Ms., Dr.

Suffix: Sr., Jr., III, IV, V

State/Province:

- U.S. states
- U.S. territories
- Canadian provinces

Application System

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- Request proof of employment from this page.
- You may request proof of employment BEFORE your application has been submitted.
- You will be notified by e-mail when proof of employment has been received.
- It is your responsibility to ensure that we have received your proof of employment on or before 11:59 PM, August 24, 2020 U.S. Eastern Daylight time.

[- Hide the instructions](#)

Request Proof of Employment

Requested

1. Ellen Employer
ellen.employer@company.com
Supervisor
Company, Inc.
10 Eastern Boulevard
Anywhere, MD 20800
proof of employment originally requested on 5/13/2019 at 11:33 AM EDT [\[resend request\]](#)
[\[withdraw\]](#)

Application System

[Home](#) > [Proof of Employment](#)

[Contact Us](#) | [My Account](#) | [Logout](#) (Aaron)

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[- Hide the instructions](#)

Request Proof of Employment

Received

1. Ellen Employer

ellen.employer@company.com
Supervisor
Company, Inc.
10 Eastern Boulevard
Anywhere, MD 20800

Proof of Employment.pdf was submitted by Ellen Employer (ellen.employer@company.com) on 5/13/2019 at 1:59 PM EDT



Application System

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Fellowship Application Portfolio

[Overview](#) | [Application](#) | [References](#) | [Assurance Letters](#) | [Employment](#) | [Supplement](#)

Supplemental Information

Congratulations on being selected to interview for the Cancer Prevention Fellowship Program. Please upload a recent passport-sized photograph of yourself to help us identify you during the interview process.

■ = required field

Photograph ■

No file chosen

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[U.S. Department of Health and Human Services](#) | [National Institutes of Health](#) | [National Cancer Institute](#) | [USA.gov](#)

NIH...Turning Discovery Into Health®

My Account

■ = required field

Name

Title First Name ■ Middle Name Last Name ■ Suffix Degrees
Mr. ▼ Aaron Applicant ▼

The following information is maintained at the IMS Login Service:

Name: Aaron Applicant

E-mail: aaron.applicant@gmail.com

[Edit](#)

Home Address

Address ■

10 W. Patrick Street

City ■

Frederick

State/Province ■

Maryland ▼

Zip/Postal Code ■

21701

Country ■

USA

Work/School Address

Are you currently employed or in graduate school? ▼

☒ Yes
☐ No

Position Title ■

Employer/School ■

Department/Division

Address ■

City ■

State/Province ■

Zip/Postal Code ■

Country ■

Contact Information

Preferred Phone

555-555-5555

Alternate Phone

Fax

Preferred E-mail

aaron.applicant@gmail.com

New Preferred Email

Verify New Preferred E-mail

Alternate E-mail

[Update Information](#)

Lookup Values:

Title: Mr., Ms., Dr.

Suffix: Sr., Jr., III, IV, V

State/Province:

- U.S. states
- U.S. territories
- Canadian provinces

Contact Us

For more information, please contact us using the form below.

FELLOWSHIP PROGRAM CONTACT

Program Coordinator
Cancer Prevention Fellowship Program
National Cancer Institute, NIH
9609 Medical Center Drive
Room 2W-136 MSC 9712
Bethesda, MD 20892-9712
Phone: (+1) 240-276-5626
Fax: (+1) 240-276-7883
Email: cpfpcoordinator@mail.nih.gov

Name ▾

E-mail ▾

Subject ▾

Comment or Question ▾

Application System

Policies

Privacy Policy

The following is the Privacy Act Notification Statement for the Cancer Prevention Fellowship Program (CPFP), National Cancer Institute, NIH, DHHS

1. Government Authorization for the CPFP is as follows:

◦ **Purpose**

Cancer prevention and control is defined as the reduction of cancer incidence, morbidity, and mortality through an orderly sequence from research on interventions and their impact in defined populations to the broad systematic application of the research results. The National Cancer Institute's aim is to reduce the rate of cancer incidence, morbidity, and mortality in the whole population. Achievement of a reduction in cancer mortality rates mandates that scientists and health workers from relevant disciplines and fields be appropriately trained in cancer prevention and control research and applications. The Cancer Prevention Fellowship Program (CPFP) and NCI Summer Curriculum in Cancer Prevention have been developed to provide scientists and other health professionals with advanced training and practical research experiences in cancer prevention and control.

These training programs are authorized by Section 413(b)(3) of the Public Health Service Act, 42 U.S.C. 285a-2(b)(3) as modified by the Health Research Extension Act of 1985 pertaining to the NCI, which states that the Director of the Institute shall "...support appropriate programs of education and training (including continuing education and laboratory and clinical research training)," and Section 412(2), 42 U.S.C. 285a-1(2) which specifically requires that programs be established for "...the demonstration of and the education of students of the health professions and health professionals in..." areas related to cancer prevention and control.

◦ **Rationale/Justification:**

Development of these training programs is mandated by an insufficient number of physicians and scientists who are specifically trained for and prepared to devote their efforts to cancer prevention and control research and practice. While some states, cancer centers, and academic institutions are allocating funds for cancer programs, trained personnel to conduct these initiatives are sorely lacking. Increased technological breakthroughs in epidemiological, basic, and clinical research demand that experienced personnel be in place to build on this explosion of basic knowledge and to research its applicability to cancer prevention and control to reduce disease rates in human populations. At present, academic institutions do not offer specific and/or in-depth training of more than short-term duration in cancer prevention and control and only sporadic workshops and symposia have been developed. The Cancer Prevention Fellowship Program and NCI Summer Curriculum in Cancer Prevention are designed to address this need and expects to train highly qualified physicians and other doctoral level scientists and to promote their introduction to the field of cancer prevention and control.

2. Purpose of Information Collection

The primary use of this information collection is to evaluate an applicant's qualifications for training at the National Cancer Institute's Cancer Prevention Fellowship Program and NCI Summer Curriculum in Cancer Prevention and to process the applications.

3. Routine Uses for Information Disclosure

- In rare circumstances, information may be used to respond to congressional inquiries regarding constituents who have applied to the Cancer Prevention Fellowship Program or NCI Summer Curriculum in Cancer Prevention.
- Information may be used to respond to hospitals and other healthcare organizations seeking verification of training for physicians and other scientists who enroll in the Cancer Prevention Fellowship Program or NCI Summer Curriculum in Cancer Prevention.
- Some requested information will be used for internal program evaluation – to improve the program and the application process – and will not be used in the evaluation of the applicant. Information that will not be used in applicant evaluation is indicated in the online application.

4. Is the request voluntary or mandatory?

Application for this program is voluntary; however, for us to process your application, you must complete the required fields.

Related Policies

- [Disclaimer of Endorsement and Liability](#)