NPGH LEADERs Application 2024-2025

Thank you for your interest in the Northern Pacific Global Health Leadership, Education, and Development for Early-career Researchers (NPGH LEADERs) Program.

Please complete the application below. Applications are due November 1, 2023 by 5pm Pacific Daylight Time.

You may only apply to one Fogarty LAUNCH consortium. Please visit http://fogartyfellows.org/apply/ for full eligibility criteria.

You do NOT need to complete the entire application at one time; you may stop and return at a later time to complete it. NOTE: In order to return to this survey, you will need the survey link provided when you choose the "SAVE & RETURN LATER" option. If you do not keep record of the survey link, you will need to start a new application.

CONTACT INFORMATION

First Name (Given name):

_____

Middle Name:

_____

Last Name (Surname):

_____

Please provide the address at which you currently reside.

Street Address

_____

City

_____

State

_____

Country

_____

Postal Code

_____

Is your permanent address different than the address provided above?
- ◯ Yes
- ◯ No

Permanent Address

_____

Email Address

_____

Telephone Number

_____

CITIZENSHIP

Are you a U.S. citizen or permanent resident?

○ Yes
○ No

Country of citizenship

_____

EDUCATION/FIELD OF STUDY

In July 2024, will you be a predoctoral (not yet completed terminal degree; current PhD, DVM, MD, MBChB student) or postdoctoral (completed terminal degree within the last 6 years) candidate?

○ Predoctoral Candidate
○ Postdoctoral Candidate

Date doctoral/terminal degree received or expected (MM-DD-YYYY)

_____
(Please visit http://fogartyfellows.org/apply/ for full eligibility criteria for U.S. candidates.)

Date doctoral/terminal degree received or expected (MM-DD-YYYY)

_____
(Please visit http://fogartyfellows.org/apply/ for full eligibility criteria for LMIC postdoctoral candidates.)

What are your current credentials (DDS, DVM, MD, PhD, etc.)? Please provide all.

_____

What is the discipline/specialty of your most recent/current degree (public health, internal medicine, epidemiology, etc)?

○ Allergy & Immunology
○ Biostats/Epidemiology/Bioinformatics
○ Cardiology
○ Dermatology
○ Environmental Health
○ Genetics
○ Geriatrics
○ Health Economics
○ Hematology
○ Infectious Diseases
○ Metabolism/Endocrinology/Nutrition
○ Neurology
○ Oncology
○ Ophthalmology
○ Pediatrics
○ Psychiatry
○ Rheumatology
○ Surgery/Emergency Medicine/Trauma
○ Other

Please specify discipline/specialty.

_____

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CURRENT PROFESSIONAL TITLE, DEPARTMENT, AND INSTITUTION

What is your current professional title/position?

_____

What is your current department?

_____

What is your current institution?

_____

Provide a brief background on your education and training (specialty)

Please use the following format for your answer:

e.g. Trinity University: BS Biology 2005; Boston University: MD 5/2014; Indiana University: Internal Medicine Residency 6/2018; University of Washington: Infectious Diseases Fellowship (ongoing)

_____
(e.g. Trinity University: BS Biology 2005; Boston University: MD 5/2014; Indiana University: Internal Medicine Residency 6/2018; University of Washington: Infectious Diseases Fellowship (ongoing))

AFFILIATION

With which U.S. Institution are you affiliated?

◯ University of Hawai'i
◯ University of Michigan
◯ University of Minnesota
◯ University of Washington
◯ Indiana University
◯ Other

Please specify the U.S. institution with which you are affiliated.

_____

To which research site are you applying (limit one)?	○ Cameroon-University of Yaounde
	○ Ghana-Dodowa Health Research Center
	○ Ghana-Komfo Anokye Teaching Hospital
	○ Ghana-Korle Bu Teaching Hospital
	○ Ghana-Kwame Nkrumah University of Science and Technology
	○ Ghana-Navrongo Health Research Center
	○ Ghana-University of Ghana
	○ India-Jawaharlal Nehru University
	○ India-Manipal Academy of Higher Education
	○ Kenya-Kenya Medical Research Institute
	○ Kenya-Kenyatta National Hospital
	○ Kenya-Moi University
	○ Kenya-University of Nairobi
	○ Liberia-University of Liberia
	○ Nepal-Kathmandu University (Dhulikhel Hospital)
	○ Nepal-Nepal Cleft and Burn Center (Kirtipur Hospital)
	○ Peru-Asociación Civil Impacta Salud y Educación
	○ Peru-Centro de Investigaciones Tecnológicas Biomédicas y Medioambientales
	○ Peru-Instituto Nacional de Ciencias Neurologicas
	○ Peru-Universidad Nacional Mayor de San Marcos
	○ Peru-Universidad Peruana Cayetano Heredia
	○ Thailand-Chiang Mai University
	○ Thailand-Chulalongkorn University
	○ Thailand-Mahidol University
	○ Thailand-Thai Red Cross AIDS Research Centre
	○ Uganda-Global Health Uganda
	○ Uganda-Mbarara University of Science and Technology
	○ Uganda-Makerere University (Infectious Diseases Institute)
	○ Uganda-Mulago Hospital
	○ Uganda-Uganda Cancer Institute

What is your skill level in the language of your proposed host country (note: language skills are not a requirement of our program)?	○ Native speaker
	○ Advanced
	○ Intermediate
	○ Beginner
	○ No experience

FUNDING

Have you previously been funded by a Fogarty Global Health Fellows/LAUNCH program?	○ Yes
	○ No

If you have been funded by a Fogarty Global Health Fellows/LAUNCH program previously, please contact Roopa Sriram ghfprgm@uw.edu for eligibility determination before proceeding

We look for opportunities to leverage other funding and resources, so please make sure to disclose any other sources (or potential sources) of funding that you may receive during your fellowship year.

Do you anticipate any potential co-funding for your fellowship year (e.g. T32 fellowship, institutional funding, in kind support, or other grants or fellowships to which you are applying)?	○ Yes
	○ No

Please describe:

_____

Have you previously received an NIH Career Development or Research Grant (GRIP, K Award, R01) as Principle Investigator or Co-PI?

○ Yes
○ No

Please describe:

_____

Are you reapplying to the NPGH Consortium?

○ Yes
○ No

If yes, please describe how this application is different from your previous submission.

_____

Title of research project

Title of research project

_____

REQUIRED DOCUMENTS

Download the following Word document and upload completed essays below. Please upload essays as a Word document.

[Attachment: "Application_NPGH_Essays_2024-2025.docx"]

APPLICANT ESSAYS

Upload your completed essays in Word document format (do not submit as a PDF).

Please note the word and page limits for each essay. Essays will not be reviewed if they are over the designated word or page limits or if they do not comply with formatting requirements.

You may download and use the following Excel budget template or use your own budget template if you prefer.

[Attachment: "Budget Template 2023.xlsx"]

TENTATIVE BUDGET

Upload a budget for your proposed study.

Note that funding is limited to $7,500 for U.S. pre-doctoral applicants and $10,000 for U.S. & LMIC post-doctoral applicants. If your budget is higher than the amount available, please indicate the source of additional funding.

Download the following NIH Biosketch template and upload completed Biosketch below. Please upload Biosketch as a Word document.

[Attachment: "biosketch-blank-fellowship-format-rev-10-2021.docx"]

NIH-STYLE BIOSKETCH

Upload an NIH-style biosketch (use the template provided above). For NIH Biosketch resources and instructions, please visit the NIH website: https://grants.nih.gov/grants/forms/biosketch.htm.

ACADEMIC TRANSCRIPT

Upload your most recent transcript. Unofficial transcripts are acceptable.

RESEARCH PUBLICATIONS, CONFERENCES/ABSTRACTS

Enter the number of research publications that you have published or that are currently accepted/in press (do not include publications under review or in preparation)

_____

Enter the number of research publications that you currently have under review.

_____

Enter the combined number of conference presentations and abstracts that you have had accepted

_____

MENTORSHIP TEAM / LETTERS OF SUPPORT

Please provide information below regarding your mentors. Letters of support can be uploaded here or emailed directly to ghfprgm@uw.edu.

Two letters of recommendation are required. One letter should come from a mentor at a U.S. institution within our consortium and one letter from a mentor at the international partner site you are applying to. A third letter is optional and can come from another mentor or someone outside your mentorship team. No more than three letters of support should be submitted.

Note for LMIC Fellow Applicants: Letter from U.S. mentor should explicitly mention approval of the applicant's proposed U.S. short-term training plans.

U.S. Mentor Name

_____

U.S. Mentor Affiliation

◯ University of Hawai'i
◯ University of Michigan
◯ University of Minnesota
◯ University of Washington
◯ Indiana University

U.S. Mentor email address

_____

U.S. Mentor NIH Biosketch

(Biosketch Template: https://grants.nih.gov/grants/forms/biosketch.htm)

Letter of Support	◯ I have a letter of support from my U.S. mentor to upload
	◯ My mentor will email a letter of support to ghfprgm@uw.edu
	(Note for LMIC Fellow Applicants: Letter from U.S. mentor should explicitly mention approval of the applicant's proposed U.S. short-term training plans.)

Upload U.S. Mentor Letter of Support

Research Site Mentor Name

_____

Research Site Mentor Affiliation

◯ Cameroon-University of Yaounde
◯ Ghana-Dodowa Health Research Center
◯ Ghana-Komfo Anokye Teaching Hospital
◯ Ghana-Korle Bu Teaching Hospital
◯ Ghana-Kwame Nkrumah University of Science and Technology
◯ Ghana-Navrongo Health Research Center
◯ Ghana-University of Ghana
◯ India-Jawaharlal Nehru University
◯ India-Manipal Academy of Higher Education
◯ Kenya-Kenya Medical Research Institute
◯ Kenya-Kenyatta National Hospital
◯ Kenya-Moi University
◯ Kenya-University of Nairobi
◯ Liberia-University of Liberia
◯ Nepal-Kathmandu University (Dhulikhel Hospital)
◯ Nepal-Nepal Cleft and Burn Center (Kirtipur Hospital)
◯ Peru-Asociación Civil Impacta Salud y Educación
◯ Peru-Centro de Investigaciones Tecnológicas Biomédicas y Medioambientales
◯ Peru-Instituto Nacional de Ciencias Neurologicas
◯ Peru-Universidad Nacional Mayor de San Marcos
◯ Peru-Universidad Peruana Cayetano Heredia
◯ Thailand-Chiang Mai University
◯ Thailand-Chulalongkorn University
◯ Thailand-Mahidol University
◯ Thailand-Thai Red Cross AIDS Research Centre
◯ Uganda-Global Health Uganda
◯ Uganda-Mbarara University of Science and Technology
◯ Uganda-Makerere University (Infectious Diseases Institute)
◯ Uganda-Mulago Hospital
◯ Uganda-Uganda Cancer Institute
◯ Other

Please specify your research site mentor's affiliation.

_____

Research Site Mentor email address

_____

Research Site Mentor NIH Biosketch

(Biosketch Template: https://grants.nih.gov/grants/forms/biosketch.htm)

| Letter of support | ○ I have a letter of support from my Research Site Mentor to upload |
| | ○ My mentor will email a letter of support to ghfprgm@uw.edu |

Upload Research Site Mentor Letter of Support

| Do you have an additional letter of support to upload? (optional) | ○ Yes |
| | ○ No |

A third letter is optional and can come from another mentor or someone outside your mentorship team. Note that no more than three letters of support should be submitted in total.

Provide the full name, affiliation, and email address for the individual providing your optional letter of support

_____

Upload optional letter of support

Enter the names, affiliations, and email addresses of any other members of your Mentor Team

_____

| I grant permission to the Fogarty Program to contact these individuals about my application and my previous professional experiences and conduct. | ○ Yes |
| | ○ No |

Upload a photo of yourself in .png or .jpg format.

This will be used for a trainee biography book distributed at orientation.

ADDITIONAL APPLICANT INFORMATION

Please note the information provided in this section is used solely to track the effectiveness of our recruiting efforts and ensure we consider the needs of all our candidates. We do not discriminate on the basis of race, color, creed, religion, national origin, citizenship, sex, pregnancy, age, marital status, sexual orientation, gender identity or expression, genetic information, disability, or veteran status.

Note: This information will not be included in the review of your application.

How did you hear about the program?	○ Email from mentor/colleague
	○ Alumnus or current fellow
	○ Internet search
	○ Website
	○ Dean or professor
	○ Conference
	○ Other

If other, please describe:

_____

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Gender	○ Male
	○ Female
	○ Non-binary
	○ Prefer to self-describe
	○ Prefer not to answer

Gender, self-describe

_____

Birth Date

_____

Primary Race and Ethnicity identification (NOT-OD-15-089)	○ American Indian or Alaska Native
	○ Asian
	○ Black or African American
Racial and Ethnic Categories and Definitions for NIH Diversity Programs and for Other Reporting Purposes: https://grants.nih.gov/grants/guide/notice-files/not-od-15-089.html	○ Hispanic or Latinx
	○ Native Hawaiian or Other Pacific Islander
	○ White
	○ Other; please specify
	○ Prefer not to answer

Underrepresented populations in the biomedical, clinical, behavioral and social sciences

The NIH Fogarty International Center (FIC) is interested in better understanding and promoting diversity, and they have requested we collect additional information regarding our program applicants' race, ethnicity, and additional factors regarding underrepresented populations in research.

The following questions are in relation to NOT-OD-20-031 where the NIH has identified certain groups of people who have been historically underrepresented populations in the biomedical, clinical, behavioral and social sciences.
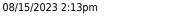
Please indicate how you identify with the following categories.

Individuals from racial and ethnic groups that have been shown by the National Science Foundation to be underrepresented in health-related sciences on a national basis (see data and the report Women, Minorities, and Persons with Disabilities in Science and Engineering). The following racial and ethnic groups have been shown to be underrepresented in biomedical research: Blacks or African Americans, Hispanics or Latinos, American Indians or Alaska Natives, Native Hawaiians and other Pacific Islanders. In addition, it is recognized that underrepresentation can vary from setting to setting; individuals from racial or ethnic groups that can be demonstrated convincingly to be underrepresented by the grantee institution should be encouraged to participate in NIH programs to enhance diversity. For more information on racial and ethnic categories and definitions, see the OMB Revisions to the Standards for Classification of Federal Data on Race and Ethnicity.	○ Yes
	○ No
	○ Prefer not to answer

Individuals with disabilities, who are defined as those with a physical or mental impairment that substantially limits one or more major life activities, as described in the Americans with Disabilities Act of 1990, as amended. See NSF data.	○ Yes
	○ No
	○ Prefer not to answer

Individuals from disadvantaged backgrounds, defined as those who meet two or more of the following criteria:

  Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (Definition: https://nche.ed.gov/mckinney-vento/); Were or currently are in the foster care system, as defined by the Administration for Children and Families (Definition: https://www.acf.hhs.gov/cb/focus-areas/foster-care); Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: https://www.fns.usda.gov/school-meals/income-eligibility-guidelines); Have/had no parents or legal guardians who completed a bachelor's degree (see https://nces.ed.gov/pubs2018/2018009.pdf); Were or currently are eligible for Federal Pell grants (Definition: https://www2.ed.gov/programs/fpg/eligibility.html); Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child (Definition: https://www.fns.usda.gov/wic/wic-eligibility-requirements). Grew up in one of the following areas: a) a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer (https://data.hrsa.gov/tools/rural-health), or b) a Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas (qualifying zipcodes are included in the file). Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition.

○ Yes
○ No
○ Prefer not to answer