



National Cancer Institute and National Heart, Lung and Blood Institute  
Fellowships in Medical Oncology and/or Hematology Application

Fellowship beginning July (year)\_\_\_\_\_

(Choose one) Oncology only\_\_\_\_ Hematology only\_\_\_\_ Combined\_\_\_\_

Primary Interest (circle one): Oncology or Hematology

**I. Personal Information**

---

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Visa Status: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ECFMG Certification Number: \_\_\_\_\_

Medical Licensure State: \_\_\_\_\_ Number: \_\_\_\_\_

**II. Education and Employment**

---

Please account for all years since secondary school.

A. Undergraduate [Include name(s) of institution(s), degree, major, and dates]

\_\_\_\_\_  
\_\_\_\_\_

B. Graduate/Medical [Include name(s) of institution(s), degree, and dates]

\_\_\_\_\_  
\_\_\_\_\_

C. Postdoctoral Fellowships or Other Specialized Training

\_\_\_\_\_  
\_\_\_\_\_

D. Professional, Medical, or Scientific Positions Held or Expected Prior to NIH

---

---

E. Previous Research Experience [Include institution(s), supervisor(s), research field, and dates]

---

---

F. Publications (Attach a separate sheet if necessary)

---

---

G. Honors and Memberships in Professional Societies

---

---

H. Career Objectives

---

---

I. References

Please list below the names and addresses of at least three physicians and/or scientists who know you well and can evaluate your professional capabilities. At least one should be the director of your medical residency training program. You are responsible for requesting that letters of recommendation be sent to us to complete your application.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

Return application and other materials to:

Sandra M. Swain, M.D.  
Acting Chief, Medicine Branch  
National Cancer Institute  
Building 10, Room 12N226  
Bethesda, MD 20892-1906  
(301) 496-4916

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_