



# U.S. National Library of Medicine Associate Fellowship Program

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## INSTRUCTIONS

### Please Read Carefully Before Beginning Application

The NLM Associate Fellowship Program application consists of the five parts listed below. All information must be submitted to be considered.

#### 1. Application

- This application requires **Adobe Reader** version 8 or later (<http://get.adobe.com/reader/>).
- Begin by saving the application to your computer using "Save As" including **your name** in the filename. The application is a fillable PDF form that allows your responses to be saved.
- Please answer each question on the form.
- You **MUST** complete the **Release and Certification of Accuracy** on the last page of the application. Please check the "Yes" box and date your application. (*If you do not complete this section, your application will be incomplete and **WILL NOT** be considered for the program.*)
- Remember to save your responses after certification and keep a copy for your records.
- Submit completed application (including resume and narrative questions) as attachment to e-mail addressed to [nlm.associate.fellowship@orau.org](mailto:nlm.associate.fellowship@orau.org).**

#### 2. Structured Résumé

See attached description of each required section. Include the sections listed and no more.

#### 3. Narrative Questions

Develop a narrative statement for each question. The narrative statements will be evaluated on content and writing skills.

#### 4. References

- Contact and provide the reference form for completion to **three** persons who can assess your character and abilities. If you are a recent graduate, one should be a faculty member from the library school you attended. The others should be selected from faculty, employers, or other library/information professionals.
- On the application form, list each reference's name, title, address, phone number, and e-mail address. Indicate for how long and in what capacity you have known this reference.

#### 5. Official Transcripts

- Direct colleges and universities to send one *official transcript* for each undergraduate and graduate degree earned or about to be earned to Oak Ridge Institute for Science and Education (ORISE) at the address below. If transcripts are delayed, you should mail copies immediately to address below. However, **official** transcripts are required to complete your application.
- One transcript is acceptable for multiple degrees earned from the same institution. **Be sure to order immediately and specify the application deadline.**

#### Contact Information:

NLM Associate Fellowship Program  
Attn: Kareta Johnson  
Science Education Programs  
Oak Ridge Institute for Science and Education  
P.O. Box 117, MC-100, MS 36  
Oak Ridge, TN 37831-0117  
**Phone:** (865) 576-9975  
**Fax:** (865) 574-2846  
**E-mail:** [nlm.associate.fellowship@orau.org](mailto:nlm.associate.fellowship@orau.org)

#### Overnight Address:

NLM Associate Fellowship Program  
Attn: Kareta Johnson  
Science Education Programs  
Oak Ridge Institute for Science and Education  
1299 Bethel Valley Road  
Building SC-200, MC-100, MS 36  
Oak Ridge, TN 37830

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**NOTE:** Complete applications, including transcripts and references, are due to ORISE by the application deadline specified on the following Web site:

<http://www.nlm.nih.gov/about/training/associate/applicinfo.html>

This includes parts of the application received from other sources. Only complete application materials will be acknowledged. Final selection for the NLM Associate Fellowship Program will be made in late April or early May.



**Reference Information:** List three persons whom you have asked to complete a Reference Form. Include their names and titles, addresses, phone numbers, and e-mail addresses. Also, include how long and in what capacity you have known each.

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Length of time known: \_\_\_\_\_ Capacity: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Length of time known: \_\_\_\_\_ Capacity: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Length of time known: \_\_\_\_\_ Capacity: \_\_\_\_\_

**How did you first learn of the NLM Associate Fellowship Program?** *(Please select one.)*

Faculty/Colleague

Poster

Placement/Job Database

Other, please name:

## **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 information will assist us in this regard. We appreciate your cooperation. If you agree or decline to provide this information, it will in no way affect consideration of your application.

### **Citizenship**

U.S. Citizen

Canadian Citizen

Dual Citizenship (U.S. & Canadian)

**If U.S. citizen, please complete the following:**

### **Race and/or Ethnic Origin (check only one)**

American Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Hispanic or Latino (White race only)

Native Hawaiian or Other Pacific Islander

Two or more races (Not Hispanic or Latino)

White

### **Gender**

Male

Female

## RELEASE AND CERTIFICATION OF INFORMATION

### RELEASE AND CERTIFICATION OF ACCURACY

I understand that information in the application and the references will be provided to the staff involved in the selection process. Optional applicant data will NOT be used for selection purposes.

I certify that, to the best of my knowledge, all information contained in this application is accurate. I understand that any falsification will render me ineligible for participation and, if found after participation has begun, may require me to reimburse any funds received.

**Yes, I have read the above information and certify the accuracy of the information in my application.**

**Date certified (mm/dd/yyyy)**

## 2. STRUCTURED RÉSUMÉ

**Instructions:** Your structured résumé must address each of the following sections in the prescribed order, if applicable. Each heading should be in bold type. If a heading is not applicable, you must still list it, but indicate "N/A" below the heading. Continuation pages must have your name in the top right hand corner.

**Name**  
**Address**  
**Phone**  
**E-mail**

**Educational Information:** Please list in chronological order with the most recent listed first. Include years attended, date of graduation, degree earned, and major area of study. List expected graduation date, if applicable.

**Work Experience:** Please list in chronological order with the most recent listed first. Indicate type of employment (e.g., salaried, hourly, practical, volunteer) and number of hours/week. Please provide a complete employment history, including library and non-library related jobs.

**Job Title**  
**Organization/Company**  
**Dates**  
**Number of Hours per Week**  
**Primary Duties and Responsibilities**

**Honors and Achievements**

**Publications/Presentations**

**Professional Development:** Include CE courses, special training.

**Professional Memberships:** Include student organizations, positions held.

**Foreign Language and Computer Skills**

**Title of Courses Taken in Library School:** Clearly indicate course(s) in progress that are not reflected on transcripts.

### **3. NARRATIVE QUESTIONS**

Please develop narrative statements for the following questions. The narrative statements will be evaluated on content and writing skills and should not exceed 500 words each.

**What do you hope to gain by participating in the NLM Associate Fellowship Program?**

**3. NARRATIVE QUESTIONS – Continued**

**If selected, what will you bring to the NLM Associate Fellowship Program?**