

## Post-Doctoral Fellowship for Palliative Care: Application Form

### SECTION 1: PERSONAL INFORMATION

Full Name: \_\_\_\_\_  
*Last*
*First*
*M.I.*

Home Address: \_\_\_\_\_  
*Street Address*
*Apartment/Unit #*

\_\_\_\_\_  
*City*
*State*
*ZIP Code*

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone : \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Address: \_\_\_\_\_  
*Street Address*
*Apartment/Unit #*

\_\_\_\_\_  
*City*
*State*
*ZIP Code*

Present Position (Title): \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Are you a citizen of the United States?    YES    NO    If no, are you authorized to work in the U.S.?    YES    NO  
                   

Are you licensed as a registered nurse (RN)?    YES    NO    State, County \_\_\_\_\_  
        \_\_\_\_\_

### SECTION 2: EDUCATIONAL RECORD

Name of School, *Bachelor's*: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of School, *Master's*: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of School, *PhD*: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Name of School, *Other*: \_\_\_\_\_ Address: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Degree: \_\_\_\_\_

**SECTION 3: REFERENCES**

*Please list three professional references.*

Full Name: _____	Relationship: _____
Institution: _____	Contact Phone: _____
Address: _____	Email: _____
Full Name: _____	Relationship: _____
Institution: _____	Contact Phone: _____
Address: _____	Email: _____
Full Name: _____	Relationship: _____
Institution: _____	Contact Phone: _____
Address: _____	Email: _____

**SECTION 4: PERSONAL STATEMENT**

*In 750 words, please describe your career goals and objectives within the specific areas of interest related to palliative care research, building on prior education and/or clinical experiences. Attach separately.*

*In an additional 750-word statement, please outline your research goals during the Fellowship including specific project(s) and potentially relevant resources at Stanford University that will contribute to and advance your Fellowship objectives. Attach separately.*

**SECTION 5: SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in termination from the program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit the following documents with your application to <http://orpcs.org/research/postdoctoralfellowship>. All documents must be received for your application to be considered complete.**

1. Curriculum Vitae
2. Transcripts from candidate's PhD program
3. 3 Letters of Recommendation (1 from Dissertation Chair, 2 from any individual with significant insight into the candidate's motivation and potential for future research)

Please contact [Research@stanfordhealthcare.org](mailto:Research@stanfordhealthcare.org) for any questions.

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