

---



---

**H. Lee Moffitt Cancer Center and Research Institute  
Application Form  
Post-Doctoral Training in Behavioral Oncology**

---



---

<b>Last Name:</b>	<b>First Name:</b>			<b>Middle Initial</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>	<b>Country:</b>
<b>Telephone:</b>	<b>Email:</b>			
<b>Terminal Degree (e.g., PhD, MD):</b>	<b>Area/Discipline of Degree:</b>			<b>Year Awarded:</b>
<b>Institution:</b>				
<b>How did you learn about our training program (check all that apply):</b> <input type="checkbox"/> <b>Published Advertisement (please indicate journal)</b> <input type="checkbox"/> <b>Website (please indicate site)</b> <input type="checkbox"/> <b>Listserve (please list)</b> <input type="checkbox"/> <b>Other (please list)</b>				
<b>Please briefly describe your previous research training and experience:</b>				
<b>Area of research interest:</b>				
<b>Names of potential mentors among the faculty (optional):</b>				

The National Institutes of Health, in compliance with regulations by the federal Office of Management and Budget (OMB), requires that grant recipients collect and report data on the following questions for participants. For further details to determine your answer(s), please visit the NIH website (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html>). THE FOLLOWING ITEMS ARE OPTIONAL:

Citizenship & Residency

- US citizen
- US non-citizen national
- US permanent resident
- None of the above

Gender

- Female
- Male

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Race

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander

Are you a person with a disability as defined by the Americans with Disabilities Act (ADA)?  YES  NO

Are you an individual from a disadvantaged background based on meeting at least 2 or more of the criteria below?\*  YES  NO

\*Please check Yes if you are an individual who meets at least 2 or more of the following criteria:

- Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (<https://nche.ed.gov/mckinney-vento/>);
- Were or currently are in the foster care system, as defined by the Administration for Children and Families (<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 (<https://www.fns.usda.gov/school-meals/income-eligibility-guidelines/>);
- Have/had no parents or legal guardians who completed a bachelor's degree (<https://nces.ed.gov/pubs2018/2018009.pdf>);
- Were or currently are eligible for Federal Pell grants (<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 (<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) [Centers for Medicare and Medicaid Services-designated Low-Income and Health Professional Shortage Areas](#) (qualifying zip codes are included in the file). Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition.

Please attach your Curriculum Vitae and Cover Letter (listing the names and contact information of three references) and return all documents to [Bianca.Augusto@moffitt.org](mailto:Bianca.Augusto@moffitt.org). Questions may be directed to Ms. Augusto by email or phone at (813) 745-6213.

Accepted applicants will also be required to complete a full Moffitt employment application before an appointment can be made.