

Center for Innovation & Precision Dentistry



Application for Advanced Training at the Interface of Engineering & Oral-Craniofacial Sciences

General Information:

Name (last name, first name): _____

Date of Birth: _____

Current Position: _____

Citizenship: _____

i) Have you been previously supported by an NIH Training Grant? Yes* No

*If yes, please list grant name and years of support:

TG Name:	Years:
_____	_____
_____	_____
_____	_____

Please list any other training grants or individual fellowships that you are applying for concurrently:

Type (fellowship, TG):	Agency/ Organization:
_____	_____
_____	_____
_____	_____

(Optional) Are you a member of a historically underrepresented group in dental, biomedical, engineering, clinical, behavioral, science and/or social science research (e.g., racial and ethnic group), an individual with a disability, or an individual from a disadvantaged background?

Yes* No Prefer not to say

*If yes, please specify: _____

ii) List potential co-mentors. (Optional) Please leave blank if you are not able to complete.

1. _____

2. _____

iii) In addition to this form, please attach the following documents in a pdf file, saved with the name:
[Applicant last name_CiPDTraining](#)

1. Curriculum Vitae
2. Personal statement: a one-page description of the career goals that includes a description of how training at the engineering and oral-craniofacial sciences will further your career goals, and that identifies potential research topics.

Send the form and documents to Linda Donoho: donohol@upenn.edu