



CTR Biosciences Fellowship Program

CTR Biosciences Fellowship Program (CBFP) Application

Only applications completed in English will be considered. Please provide clear, typed answers to all questions.

APPLICATION CHECKLIST

Before returning your application, please make sure that you have completed and attached all the following:

- Completed Application Form
- Scanned color copy of your current passport
- Current Resume or Curriculum Vitae (CV)
- Letter of Support (LOS) from your current supervisor

I. GENERAL INFORMATION

CONTACT INFORMATION (AS IT APPEARS ON YOUR PASSPORT):

Title	First Name, Middle Name	Last Name
Mr./Mrs./etc.	First Name, Middle Name	Last Name

Home Address	City	Country
1234 Main Street	Insert City Here	Insert Country Here

Home Telephone #	Home Telephone #
Mobile Telephone #	Mobile Phone #
Primary Email Address	Primary Email Address
Secondary Email Address	Secondary Email Address
Skype ID	Skype ID
Place of Birth (City, Country)	City, Country
Date of Birth (YYYY/MM/DD)	1901/01/01
Citizenship(s) (List all)	List all citizenships here

PASSPORT AND TRAVEL INFORMATION

Valid Passport	Do you have a valid passport?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Expiration Date	Please fill in your passport's expiration date.	YYYY/MM/DD	

LIST PREVIOUS INTERNATIONAL TRAVEL: INDICATE COUNTRIES, DATES AND PURPOSE

COUNTRY	DATES	PURPOSE
Country1	YYYY/MM/DD – YYYY/MM/DD	Country1 Purpose of Travel
Country2	YYYY/MM/DD – YYYY/MM/DD	Country2 Purpose of Travel
Country3	YYYY/MM/DD – YYYY/MM/DD	Country3 Purpose of Travel
Country4	YYYY/MM/DD – YYYY/MM/DD	Country4 Purpose of Travel
Country5	YYYY/MM/DD – YYYY/MM/DD	Country5 Purpose of Travel

DO YOU CURRENTLY HAVE AN OPEN U.S. OR OTHER COUNTRY PERMANENT IMMIGRATION VISA REQUEST?

Please note that a CBFP applicant is ineligible for the program if they have an open, permanent immigration visa request.

YES **NO**

U.S. CONTACTS

PLEASE LIST ANY CONTACTS YOU HAVE IN THE UNITED STATES. IDENTIFY THE NATURE OF THE RELATIONSHIP INCLUDING FAMILY, FRIENDS, AND BUSINESS ASSOCIATES.

NAME	RELATIONSHIP
US Contact Name	Relationship to US Contact
US Contact Name	Relationship to US Contact
US Contact Name	Relationship to US Contact

HAVE YOU PREVIOUSLY ATTENDED AN EVENT SPONSORED BY THE U.S. GOVERNMENT OR RECEIVED U.S. GOVERNMENT RESEARCH GRANT FUNDING?

YES **NO**

If yes, please list sponsored event(s) and/or grant(s) received.

EVENT or GRANT	DATES	FUNDING AMOUNT	PURPOSE
Grant or Event Name	YYYY/MM – YYYY/MM	\$XXXXXX	Previous Support Purpose
Grant or Event Name	YYYY/MM – YYYY/MM	\$XXXXXX	Previous Support Purpose
Grant or Event Name	YYYY/MM – YYYY/MM	\$XXXXXX	Previous Support Purpose

LANGUAGE SKILLS

Please rate yourself as Excellent, Good, Fair, or Poor for all languages with which you are familiar.

LANGUAGE	READING	WRITING	SPEAKING	COMPREHENSION
English	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor
Language	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor
Language	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor
Language	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor	Excellent, Good, Fair, or Poor

HAVE YOU EVER TAKEN:

A Test of English as a Foreign Language (TOEFL)

OR

International English Language Testing System (IELTS) Exam?

YES NO

If so, please submit a copy of your score.

II. EDUCATION

A. LIST ALL UNIVERSITY EDUCATION, BEGINNING WITH MOST RECENT:

Please attach additional pages as needed.

INSTITUTE/UNIVERSITY	MAJOR FIELD OF STUDY	DEGREE	DATE RECEIVED
University Name	Field of Study	Degree Level	YYYY/MM
University Name	Field of Study	Degree Level	YYYY/MM
University Name	Field of Study	Degree Level	YYYY/MM
University Name	Field of Study	Degree Level	YYYY/MM
University Name	Field of Study	Degree Level	YYYY/MM

III. PROFESSIONAL EXPERIENCE

Current Place of Employment	Current Location of Employment
Government Institution	<input type="checkbox"/> YES <input type="checkbox"/> NO
Job Position/Title	Current Job Position/Title
Department	Current Department
Current Duties and Responsibilities	Please describe your current responsibilities here
Current Supervisor Name	Current Supervisor Name
Current Supervisor Title	Current Supervisor Title

A. LIST YOUR EMPLOYMENT HISTORY, BEGINNING WITH MOST RECENT:

DATE	ORGANIZATION	POSITION/TITLE	RESPONSIBILITIES
YYYY/MM – YYYY/MM	Organization	Position/Job Title	Job Responsibilities
YYYY/MM – YYYY/MM	Organization	Position/Job Title	Job Responsibilities
YYYY/MM – YYYY/MM	Organization	Position/Job Title	Job Responsibilities
YYYY/MM – YYYY/MM	Organization	Position/Job Title	Job Responsibilities

Academic or Professional Honors	List any academic or professional honors you have received. Please include titles and dates.	Academic or Professional Honors
Books, Articles, or Published Papers	List any books, articles, or papers that you published, particularly in your proposed field of study. Please list article and journal titles, and dates.	Publications
Leadership Experience	Please include any leadership positions you have held or currently hold along with the institution name and the dates.	Leadership Experience

IV. SHORT ANSWER QUESTIONS

Research Background	Please describe your research background as it pertains to the pathogens listed in Appendix I. List any former or current projects that involve working on any of the listed pathogens.	Research Background
Research Techniques	Please describe the specific techniques, equipment, and/or software that you use daily. Please highlight specific equipment brands/models when appropriate.	Research Techniques
Professional Goals	What are your top three professional goals?	Professional Goals
Mentorship Expectations	What do you expect from your fellowship mentor, and what do you expect to contribute to your mentor's laboratory group?	Mentorship Expectations
International Collaboration	Why is international collaboration important to your career? How will you continue collaborating with international contacts upon your return to your home country? Please include information on any current or prior international collaborations in which you have been involved	International Collaboration
Past Funding Opportunities	Have you ever participated in a fellowship program? If yes, please provide program details and travel dates to the right.	Past Funding Opportunities

International Travel	Are there any countries or regions you are unable to travel to? If yes, please provide a detailed explanation to the right.	International Travel
Desired Partners	Please list any individuals and/or institutions you would like to work with or continue to work with. Please include full name, institution name, and associated email address. <i>Note that any information listed does not guarantee a match for the fellowship.</i>	Desired Partners

V. SKILLS DEVELOPMENT

List and describe the skills you would like to develop during your fellowship.

PROFESSIONAL REFERENCES

Please list your current supervisor and two other professional or educational references (name, email, and phone number are REQUIRED)

Please DO NOT include family members/relatives.

NAME	ORGANIZATION	TITLE	EMAIL ADDRESS	TELEPHONE NUMBER (including country codes)	RELATIONSHIP
First Name Last Name	Organization	Title	Email Address	Telephone Number with Country Code	Relationship
First Name Last Name	Organization	Title	Email Address	Telephone Number with Country Code	Relationship
First Name Last Name	Organization	Title	Email Address	Telephone Number with Country Code	Relationship

VI. STATEMENT OF WORK

This section is the primary content on which your application will be evaluated and will provide the basis for matching you with a host should you be selected as a finalist. Please provide complete and detailed answers below that demonstrate you have given thorough consideration to your goals for the fellowship. Answers that are too brief, incomplete, non-responsive, or otherwise demonstrate a lack of serious thought about the application may result in dismissal of your application from further consideration by reviewers.

If your Statement of Work includes a specific pathogen, please be sure to include that pathogen in the Fellowship Focus Summary section below. Please see Appendix I for a list of pathogens fellows are recommended to work with during their fellowship. **However, selected fellows will be restricted to work in BSL-2 facilities.**

FELLOWSHIP FOCUS SUMMARY:

In the space below, please submit a summary of your proposed fellowship plan. This summary is the primary content on which your application will be evaluated and will provide the basis for matching you with a host should you be selected as a finalist.

FELLOWSHIP GOALS, OBJECTIVES, AND TASKS:

In the box below list the goals, objectives and specific, tangible outcomes that you wish to achieve during the fellowship. Break down the objectives into tasks that are to be conducted during the fellowship program at the host institution. For example:

1. Goal 1: Develop skills and techniques related to genomic sequencing.
 - a. Objective 1: Identify and characterize E. coli O157:H7 through serotyping and genomic sequencing.
 - i. Task 1: Conduct general microbiology research on E.coli including:
 - a. Subtask 1: Sampling techniques
 - b. Subtask 2: Molecular diagnostics
 - c. Subtask 3: Genetic and phylogenetic analysis

TIMELINE:

To the best of your ability, please fill out the timetable below for your proposed fellowship plan with expected tasks.

Task (Name and #)	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
EX: Task 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EX: Task 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EX: Task 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EX: Task 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EX: Task 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EX: Task #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EX: Task #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procurement Needs	Please include a list of equipment, materials and/or software that are necessary for you to complete the proposed plan. Please include the shipping of any materials/samples in this section as well.	Please detail all necessary equipment, materials, or software that you will purchase to complete the proposed plan
Additional Information	Please use this section to include any additional information you would like to share not captured above.	Please include any additional information needed to provide understanding on your plan

CERTIFICATION:

IT IS VERY IMPORTANT THAT ALL APPLICANTS READ THIS SECTION AND UNDERSTAND THE TERMS OF THIS FELLOWSHIP.

I testify that the information submitted in this application is complete and accurate. I understand that providing false information on this application or during the interview may disqualify me from participation in the CBFP, or if I am selected, dismissal from the program. If selected, I agree to comply with all CBFP rules and all local and national laws of my host country. CBFP rules include, but are not limited to: housing agreements, fellowship agreement form, banking and stipend agreements, and regulations of the host institution. If selected and I refuse the host institution match for the fellowship, then I may risk further participation in the fellowship program.

All applicants accepted will receive the following support from CBFP:

1. Round-trip, economy-class airfare from home country to the host site.
2. Ground transportation to/from airports of arrival and departure
3. Lodging within reasonable proximity of the host institution
4. Monthly stipend for living expenses, including ground transportation
5. Emergency Medical Insurance during the Fellowship.

By participating in the CBFP:

I understand and acknowledge that CBFP support is limited to the financial transactions itemized above and is contingent upon my successful participation in the CBFP. I understand that if I do not complete the Fellowship, I will be required to return a prorated stipend amount to CBFP and may be required to reimburse CBFP for any additional travel expenses incurred because of my early departure.

I understand and acknowledge that CBFP will obtain lodging on my behalf and will make payment directly to the provider; however, I am responsible for ensuring the proper use and care of any lodging facilities. I understand that I may be considered personally liable for any damages that occur at my lodging facilities.

I understand and acknowledge that CBFP will obtain emergency medical insurance on my behalf and will make payment directly to the provider; however, this insurance is to be utilized only for emergency situations and not for routine medical care or treatment, including for any pre-existing medical or dental condition. I further understand that I may be required to pay all deductibles and other health-related expenses not covered by the insurance.

I understand and acknowledge that the visa obtained for the CBFP program is valid only for temporary, non-degree-seeking professional education and is not valid for employment in my host country. I understand that returning to my home country at the end of the program is a mandatory condition of my participation in the CBFP and I declare my intent to comply. I understand that traveling to cities in my host country that are not part of the CBFP professional education program, as well as travel outside my host country, is strictly prohibited under the terms of my visa and will result in immediate dismissal from the program. I understand that this program prohibits spouses and/or children from accompanying CBFP participants to their host countries.

Electronic Signature Please type your name here to confirm understanding.

Date of Signature YYYY/MM/DD

APPENDIX I:

HHS and USDA Select Agents and Toxins 7CFR Part 331, 9 CFR Part 121, and 42 CFR Part 73

HHS SELECT AGENTS AND TOXINS

Abrin
Bacillus cereus Biovar *anthracis**
Botulinum neurotoxins*,⁵
Botulinum neurotoxin producing species
of *Clostridium**
Conotoxins (Short, paralytic alpha conotoxins
containing the following amino acid sequence
X₁CCX₂PACGX₃X₄X₅X₆CX₇)^{1,5}
Coxiella burnetii
Crimean-Congo haemorrhagic fever virus
Diacetoxyscirpenol⁵
Eastern Equine Encephalitis virus^{3,4}
Ebola virus*
*Francisella tularensis**
Lassa fever virus
Lujovirus
Marburg virus*
Monkeypox virus³
Reconstructed replication competent forms of the
1918 pandemic influenza virus containing any portion of the coding
regions of all eight gene segments (Reconstructed 1918 Influenza virus)
Ricin⁵
Rickettsia prowazekii
SARS-associated coronavirus (SARS-CoV)⁴
Saxitoxin⁵
South American Haemorrhagic Fever viruses:
Chapare
Guanarito
Junin
Machupo
Sabia
Staphylococcal enterotoxins A,B,C,D,E subtypes⁵
T-2 toxin⁵
Tetrodotoxin⁵
Tick-borne encephalitis complex (flavi) viruses:
Far Eastern subtype⁴
Siberian subtype⁴
Kyasanur Forest disease virus⁴
Omsk hemorrhagic fever virus⁴
Variola major virus (Smallpox virus)*
Variola minor virus (Alastrim)*
*Yersinia pestis**

OVERLAP SELECT AGENTS AND TOXINS

*Bacillus anthracis**
Bacillus anthracis Pasteur strain
Brucella abortus
Brucella melitensis
Brucella suis
*Burkholderia mallei**
*Burkholderia pseudomallei**
Hendra virus
Nipah virus
Rift Valley fever virus
Venezuelan equine encephalitis virus^{3,4}

USDA SELECT AGENTS AND TOXINS

African horse sickness virus
African swine fever virus
Avian influenza virus³
Classical swine fever virus⁴
Foot-and-mouth disease virus*,⁴
Goat pox virus
Lumpy skin disease virus
*Mycoplasma capricolum*³
*Mycoplasma mycoides*³
Newcastle disease virus^{2,3}
Peste des petits ruminants virus
Rinderpest virus*
Sheep pox virus
Swine vesicular disease virus⁴

USDA PLANT PROTECTION AND QUARANTINE (PPQ) SELECT AGENTS AND TOXINS

Coniothyrium glycines (formerly *Phoma glycinicola* and *Pyrenochaeta
glycines*)
Peronosclerospora philippinensis
(*Peronosclerospora sacchari*)
Ralstonia solanacearum
Rathayibacter toxicus
Sclerophthora rayssiae
Synchytrium endobioticum
Xanthomonas oryzae

*Denotes Tier 1 Agent

¹ C = Cysteine residues are all present as disulfides, with the 1st and 3rd Cysteine, and the 2nd and 4th Cysteine forming specific disulfide bridges; The consensus sequence includes known toxins α -MI and α -GI (shown above) as well as α -GIA, Ac1.1a, α -CnIA, α -CnIB; X1 = any amino acid(s) or Des-X; X2 = Asparagine or Histidine; P = Proline; A = Alanine; G = Glycine; X3 = Arginine or Lysine; X4 = Asparagine, Histidine, Lysine, Arginine, Tyrosine, Phenylalanine or Tryptophan; X5 = Tyrosine, Phenylalanine, or Tryptophan; X6 = Serine, Threonine, Glutamate, Aspartate, Glutamine, or Asparagine; X7 = Any amino acid(s) or Des X and; "Des X" = "an amino acid does not have to be present at this position." For example if a peptide sequence were XCCHA then the related peptide CCHA would be designated as Des-X.

² A virulent Newcastle disease virus (avian paramyxovirus serotype 1) has an intracerebral pathogenicity index in day-old chicks (*Gallus gallus*) of 0.7 or greater or has an amino acid sequence at the fusion (F) protein cleavage site that is consistent with virulent strains of Newcastle disease virus. A failure to detect a cleavage site that is consistent with virulent strains does not confirm the absence of a virulent virus.

³ Select agents that meet any of the following criteria are excluded from the requirements of this part: Any low pathogenic strains of avian influenza virus, South American genotype of eastern equine encephalitis virus, west African clade of Monkeypox viruses, any strain of Newcastle disease virus which does not meet the criteria for virulent Newcastle disease virus, all subspecies *Mycoplasma capricolum* except subspecies *capripneumoniae* (contagious caprine pleuropneumonia), all subspecies *Mycoplasma mycoides* except subspecies *mycoides* small colony (Mmm SC) (contagious bovine pleuropneumonia), and any subtypes of Venezuelan equine encephalitis virus except for Subtypes IAB or IC, provided that the individual or entity can verify that the agent is within the exclusion category.

⁴ For determining the regulatory status of nucleic acids that are capable of producing infectious forms of select agent viruses, please reference guidance at <https://www.selectagents.gov/na-guidance.html>.

⁵ For determining the regulatory status of Recombinant and/or Synthetic nucleic acids that encode for the toxic form(s) of any select toxins if the nucleic acids (i) can be expressed in vivo or in vitro, or (ii) are in a vector or recombinant host genome and can be expressed in vivo or in vitro; please reference guidance at <https://www.selectagents.gov/na-guidance.html>.