

Health Policy Fellows: 2012 Call for Applications

Eligibility Criteria *

* Indicates required

Exceptional midcareer professionals from academic faculties and nonprofit health care organizations who are interested in experiencing the health policy process at the federal level are encouraged to apply.

- Applicants must have earned an advanced degree in one of the following disciplines: allied health professions; biomedical sciences; dentistry; economics or other social sciences; health services organization and administration; medicine; nursing; public health; social and behavioral health or health law.
- Applicants whose official job description or responsibilities are primarily government relations or advocacy are *not* eligible to apply.
- Applicants must be U.S. citizens or permanent residents.
- Consistent with RWJF values, this program embraces diversity and inclusion across multiple dimensions, such as race, ethnicity, gender, age, disadvantaged socioeconomic status, and disciplinary diversity. We strongly encourage applications from candidates who will help us expand the perspectives and experiences we bring to our work. We believe that the more we include diverse perspectives and experiences in our work, the better able we are to help all Americans live healthier lives and get the care they need.
- Applicants may apply from an eligible sponsoring institution (Track 1) or as an individual (Track 2). Sponsors may be either nonprofit health care organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code or academic centers. Track 2 applicants may request fellowship funds be administered by the Institute of Medicine.

A recipient cannot be related to any Officer** or Trustee of the Robert Wood Johnson Foundation, or be a descendent of the Foundation's founder.

- Are you related by blood or marriage to any Officer or Trustee of the Robert Wood Johnson Foundation?
- Are you a descendant of General Robert Wood Johnson? *

***The Officers are the Chairman of the Board of Trustees; President and CEO; Chief of Staff; General Counsel; Secretary; Assistant Secretary; Treasurer; and Assistant Treasurer of the Foundation. Visit [RWJF's Leadership and Policies](#) web page for further information.*

1. Does either of the above apply to you? *

- Yes
 No

2. If you specified "Yes" in the question above, please indicate the name(s) of the person/people to whom you are related. Include their role (e.g. Chairman, Chief of Staff, founder).

You may skip this question if you respond "No" to the questions above.

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Letters of Support *

* Indicates required

Start with this section first and invite your reference writers to submit their Letters of Support (LOS). It is important that LOS are submitted by November 7, 2012 at 3:00 PM ET.

To send an email invitation to your three required references, use the "invite" link below. This invitation will include login instructions. Once the reference writer logs into the system, they will have access to the selection criteria and instructions for submitting their letters electronically.

Return to this section to see if LOS have been submitted. Applicants are responsible for actively tracking their LOS and contacting reference writers when the status of a LOS is not started or in progress. Once the reference writer submits the LOS, the status below will update to "submitted."

If a reference is no longer able to fulfill their obligation within the stated timeframe, you may "Uninvite" that reference and "Invite" another. If a reference did not receive their email message, you may "Reinvite" them.

More information can be found under Applicant Guide (see link on left navigation bar).

Invite up to 3 people, 3 are required.

Name	Email Address	Date Invited	Status
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Contact Information for References *

* Indicates required

Enter contact information for three references who can comment on your qualifications for the fellowship program. Reference writers must submit letters separately using the online application process.

Note: Go to the "Letters of Support" section to invite reference writers.

To save a partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".

- Use the "Copy feature" to copy completed organizational and address information to a new contact, choose a role from the drop-down menu and selecting the "Copy" button.

Reference #1 *

Please complete the contact information for this reference. This is a required entry.

E-mail *	<input type="text"/>
Confirm E-mail *	<input type="text"/>
Prefix	<input type="text"/>
First Name *	<input type="text"/>
Middle Name or Initial	<input type="text"/>
Last Name *	<input type="text"/>
Suffix	<input type="text"/>
Organization *	<input type="text"/>
Position *	<input type="text"/>
Department	<input type="text"/>
Phone Number	<input type="text"/>
Ext.	<input type="text"/>

Reference #2 *

Please complete the contact information for this reference. This is a required entry.

E-mail *	<input type="text"/>
Confirm E-mail *	<input type="text"/>
Prefix	<input type="text"/>
First Name *	<input type="text"/>
Middle Name or Initial	<input type="text"/>
Last Name *	<input type="text"/>
Suffix	<input type="text"/>

Organization *

Position *

Department

Phone Number

Ext.

Reference #3 *

Please complete the contact information for this reference. This is a required entry.

E-mail *

Confirm E-mail *

Prefix

First Name *

Middle Name or Initial

Last Name *

Suffix

Organization *

Position *

Department

Phone Number

Ext.

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Applicant Contact Information *

* Indicates required

Provide applicant contact information as requested below.

- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".

HPF Applicant *

E-mail *	<input type="text"/>
Confirm E-mail *	<input type="text"/>
Prefix	<input type="text"/>
First Name *	<input type="text"/>
Middle Name or Initial	<input type="text"/>
Last Name *	<input type="text"/>
Suffix	<input type="text"/>
Degree *	<input type="text"/>
Organization *	<input type="text"/>
Position *	<input type="text"/>
Department	<input type="text"/>
Mailing Address *	<input type="text"/>
Mailing Address (line 2)	<input type="text"/>
City *	<input type="text"/>
Country	<input type="text"/>
State / Territory *	<input type="text"/>
Zip / Postal Code *	<input type="text"/>
Phone Number *	<input type="text"/>
Phone Ext.	<input type="text"/>
Cell Number	<input type="text"/>
Fax Number	<input type="text"/>
Website URL	<input type="text"/>

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Applicant Questions *

* Indicates required

1. Please select your discipline or profession from the list below. *

Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Medicine - Pediatrics: Subspecialty |
| <input type="checkbox"/> Basic Sciences | <input type="checkbox"/> Medicine - Physical Medicine/Rehabilitation |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Medicine - Preventive Medicine |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Medicine - Psychiatry |
| <input type="checkbox"/> Health Economics | <input type="checkbox"/> Medicine - Radiology |
| <input type="checkbox"/> Health Policy | <input type="checkbox"/> Medicine - Surgery |
| <input type="checkbox"/> Law | <input type="checkbox"/> Medicine - Surgery: Subspecialty |
| <input type="checkbox"/> Marriage and Family Therapy | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Medicine - Anesthesiology | <input type="checkbox"/> Osteopathy |
| <input type="checkbox"/> Medicine - Emergency Medicine | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Medicine - Family Medicine | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Medicine - General Internal Medicine | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Medicine - Internal Medicine: Subspecialty | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> Medicine - Neurology | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Medicine - Obstetrics and Gynecology | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Medicine - Pathology | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Medicine - Pediatrics | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Other (Please specify below) | |

2. Please indicate which track you will choose for the administration of your fellowship funds. *

Select only one.

- Track 1: Sponsoring Institution--Sponsorship through nonprofit health care organizations or academic centers
- Track 2: IOM Program-Administered Stipend--Fellowship funds administered by the Institute of Medicine

3. Is the sponsoring institution your current institution? *

- Yes
- No

4. What was the primary way in which you learned about the Health Policy Fellows program? *

Select one response.

- Health Policy Fellow alumnus/alumna
- From a colleague in a different organization
- At a national meeting
- Call for Application (CFA)
- CFA mailed directly to you
- From the RWJF website
- From the Health Policy Fellows website
- From the Institute of Medicine website
- From a listserv
- From a colleague in the same organization
- Other (Please specify below.)

5. If you learned of the program from an alumnus/alumna, please provide his or her name below.

6. Were there other ways in which you heard about the Health Policy Fellows program?

List below.

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Sponsoring Institution Information *

* Indicates required

Please complete the Sponsoring Institution contact information requested below based on the "Track" you will be following. There are two options for administration of fellowship stipends.

For Track 1 applicants: Fill in the information for your Sponsoring Institution- (Sponsorship through nonprofit health care organizations or academic centers)

For Track 2 applicants: Fill in the information for the Institute of Medicine. (IOM Program-Administered Stipend--Fellowship funds administered by the Institute of Medicine)

Track 2 Applicants should complete this section using the IOM contact information provided below:

Sponsoring Organization:	National Academy of Sciences
School or Department:	Institute of Medicine
Address:	500 Fifth Street NW
City:	Washington
Country:	United States
State:	District of Columbia
Zip + 4 / Postal Code:	20001-2739
Main Phone:	202-334-3300
Main Fax:	202-334-3862

Provide the following information about the applicant organization. **Include the formal legal name of the organization that, if awarded, will receive grant funds.**

Note: If the Applicant Organization is a college or university, include the appropriate School, Department or Unit.

Sponsoring Institution *

School/Department

Address *

Address (line 2)

City *

Country

State / Territory *

Zip+4 / Postal Code *

Phone Number * Ext.

Fax Number

Website

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Required Essays *

* Indicates required

All documents must be converted to PDF format prior to uploading, in order to preserve your original document formatting. For additional information regarding converting your document to PDF, refer to the Applicant Guide (see link on the left), "Upload a Document" section.

To prepare, upload and submit the required essays:

- Review each description below before writing your essays.
- Prepare response to each essay in a separate document using 12 point arial, single spacing, and one inch margins all around. Include your name (last name, first name) in the header.
- Convert each document to a PDF.
- Upload each PDF per instructions in the Applicant Guide, Uploading a Document section (link on left navigation bar).

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
<p>Essay A *</p> <p>An essay explaining the reasons you want to be an RWJF Health Policy Fellow, including a discussion of your major strengths and qualifications for the program. (Please limit to 300 words or approximately one page.)</p>		
<p>Essay B *</p> <p>A description of your most significant community-related activity or activities that utilize your professional expertise and a statement explaining why you consider it (or them) to be significant. (Please limit to 300 words or approximately one page.)</p>		
<p>Essay C *</p> <p>A sample letter to a member of Congress on improving one aspect of the nation's health or health care, with a recommendation for a specific policy position. Explain why you think the recommendation is important, what issues it raises, and why you think it should be supported. (Please limit to 250–500 words or approximately 1.5 pages)</p>		
<p>Essay D *</p> <p>Plans for continued development of your health policy leadership skills after you complete your work assignment in Washington, D.C. Explain how you propose to contribute to the development of health policy at the national, state or local level, at your sponsoring institution or elsewhere. Explain how the training you will receive will fit into your short-term and long-term professional goals. Fellows will have an opportunity to update and revise their plan during the spring of 2013. (Please limit to 300 words or approximately one page.)</p>		

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Supporting Documents *

* Indicates required

All documents must be converted to PDF format prior to uploading, in order to preserve your original document formatting. For additional information regarding converting your document to PDF, refer to the Applicant Guide (see link on the left), "Upload a Document" section.

The following supporting documents are required:

- An up-to-date curriculum vitae
- A one-page biographical sketch.

To prepare upload and submit the required documents:

- Include your name (last name, first name) in the header.
- Convert each document to a PDF.
- Upload each PDF per instructions in the Applicant Guide (link on left navigation bar).

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
Curriculum Vitae * Prepare your curriculum vitae and upload in PDF format.		
Biographical Sketch * Prepare a one-page biographical sketch and upload in PDF format.		

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