

Robert Wood Johnson Foundation Health Policy Fellows 2017-2018 Call for Applications

Eligibility Criteria *

* Indicates required

Respond to each eligibility requirement below.

Exceptional midcareer professionals from academic faculties, government (including military, U.S. Dept. of Veterans Affairs, U.S. Public Health Service Commissioned Corps, and state offices who are not considered government officials under Section 4946 of the Internal Revenue Code)** and nonprofit health care organizations who are interested in experiencing the health policy process at the federal level are encouraged to apply

** For these purposes, government officials are defined as any person who holds one of the following:

1. *An elective public office in the executive or legislative branch of the Government of the United States;*
2. *An office in the executive or judicial branch of the Government of the United States, appointment to which was made by the President;*
3. *A position in the executive, legislative, or judicial branch of the Government of the United States— (A) which is listed in schedule C of rule VI of the Civil Service Rules, or (B) the compensation for which is equal to or greater than the lowest rate of basic pay for the Senior Executive Service under section 5382 of title 5, United States Code;*
4. *A position under the House of Representatives or the Senate of the United States held by an individual receiving gross compensation at an annual rate of \$15,000 or more;*
5. *An elective or appointive public office in the executive, legislative, or judicial branch of the government of a State, possession of the United States, or political subdivision or other area of any of the foregoing, or of the District of Columbia, held by an individual receiving gross compensation at an annual rate of \$20,000 or more, and a significant part of whose activities include "the independent performance of policymaking functions."*
6. *A position as personal or executive assistant or secretary to any of the foregoing; or*
7. *A member of the Internal Revenue Service Oversight Board.*

Prior to selection, any finalist who is a government employee will be required to furnish a letter from the applicant's supervisor confirming that the applicant is not a government official under this definition.

1. Are you a government official under Section 4946 of the Internal Revenue Code? *
 Yes, I am a government official.
 No, I am not a government official.

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.

2. Do you meet this requirement? *
 Yes, I meet this requirement.
 No, I do not meet this requirement.

3.

Applicants must be U.S. Citizens, permanent residents, or individuals granted Deferred Action for Childhood Arrival (DACA) status by the U.S. Citizenship and Immigration Services at the time of application. Applicants must be U.S. citizens or permanent residents. Do you meet this requirement? *

- Yes, I meet this requirement.
- No, I do not meet this requirement.

4. Applicants whose official job description or responsibilities are primarily government relations or advocacy are not eligible to apply. Do you meet this requirement? *

- Yes, I meet this requirement.
- No, I do not meet this requirement.

Individual candidates for receipt of award funds 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; Executive Vice President; General Counsel; Secretary; Assistant Secretary; Treasurer; and Assistant Treasurer of the Foundation. Applicants may apply from an eligible sponsoring institution (Track 1—see Administration of Fellowship Funds on page 6 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, governmental offices, or academic centers based at nonprofit, tax-exempt or public institutions of higher education.*

Visit RWJF's [Leadership and Policies](#) web page for further information.

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

- Yes
- No

6. 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). Reference letters should be submitted electronically by 3:00 p.m. ET on November 4, but no later than 3:00 p.m. ET on November 11, 2016.

- All three of your reference writers must submit their letters before this section is considered complete. Applicants will not be able to submit their application until all application sections are complete

Applicants must read through all the instructions below!

- **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).

All three of your reference writers must submit their letters before this section is considered complete. Applicants will not be able to submit their application until all application sections are complete

Invite up to 3 people, 3 are required.

Reference For	Reference	CC 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 via the online application system.

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

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 *

Provide applicant contact information as requested below.

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, government agencies, or academic centers
- Track 2: NAM Program-Administered Stipend--Fellowship funds administered by the National Academy 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 Applications (CFA)
- CFA emailed directly to you
- From the RWJF website
- From the Health Policy Fellows website
- From the National Academy 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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Fellowship Experience Goals

* Indicates required

Fellowship Experience Goals *

Respond to the following questions in the text box below. Be as specific as possible. Complete sentences are not required (50 words or less - approximately 300 characters).

How do you think the experience of being an RWJF Health Policy Fellow will impact your career trajectory? How do you think your ability to affect change will be influenced by the fellowship? What problems or challenges at the local or national level do you see now that you could be more effective in addressing as a result of your fellowship experience?

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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, government agencies, or academic centers)

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

Track 2 Applicants should complete this section using the NAM contact information provided below. Enter EIN# 53-0196932 for the NAM.

Sponsoring Organization:	National Academy of Sciences
School or Department:	National Academy 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

You may use the "Select organization information" link below to facilitate the entry of data required below. If the information already exists in the GuideStar Exchange or from prior activity with RWJF, the fields below will become prepopulated with the required data. If that occurs, please be sure to proofread the prepopulated information to ensure that it is accurate and current. Feel free to edit as needed. [Use this link](#) to learn more about this feature. If, instead, you prefer to manually enter all the required information below, you may do so.

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 Sponsoring Institution is a college or university, include the appropriate School, Department or Unit.

Sponsoring Institution *	<input type="text"/>
School/Department	<input type="text"/>
Address *	<input type="text"/>
Address (line 2)	<input type="text"/>
City *	<input type="text"/>
Country	<input type="text"/>

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
Essay A * What have you done or what might you consider doing to expand a Culture of Health? (Please limit to a maximum of 300 words or one page.)		
Essay B * Write an essay identifying and discussing a contemporary health policy topic. (Please limit to 250-500 words maximum or one page.)		

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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 **with dates** (maximum of 5 pages).
- A one-page biographical sketch. Refrain from repeating information in C.V.

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 (maximum of 5 pages).		
Biographical Sketch * Prepare a one-page biographical sketch and upload in PDF format. Refrain from repeating information already included in the C.V.		

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