

FDA Commissioner's Fellowship Program

Page 1: Determine if applicant qualifies for the FDA Commissioner's Fellowship program.

The applicant will not be able to proceed to page 2 if they do not meet the basic qualifications for the fellowship program. Please refer to the [FDA Commissioner's Fellowship program](#) homepage for eligibility criteria.

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www.hhs.gov

U.S. Food and Drug Administration
Protecting and Promoting Your Health

FDA Commissioner's Fellowship Program

[Save](#) [Cancel](#) [Help](#)

***Citizenship**

U.S. Citizen: ▼

Non-Citizen National of U.S.: ▼

Permanent Resident: ▼

^ Qualified Applicants must have one of the above designations.

***Degree**

Engineering:	<input type="button" value="No"/> ▼	Degree:	<input type="button" value=""/> ▼	Completed:	<input type="text"/>		<small>mm/dd/yyyy</small>	Experience after first Eng. degree:	<input type="button" value=""/> ▼
Adv. Professional:	<input type="button" value="No"/> ▼	Degree:	<input type="button" value=""/> ▼	Completed:	<input type="text"/>		<small>mm/dd/yyyy</small>	Experience after first Adv. degree:	<input type="button" value=""/> ▼
Completed Outside U.S.: <input type="button" value="No"/> ▼									

^ Qualified Applicants must have one of the above degree designations.
 ^^ All degrees must be completed by August 31st of the current year.
 ^^^ If degree completed outside of U.S., you will be asked to attach verification of foreign degree later.
 ^^^^ If you have more than one advanced degree, please select the one that is the highest or the most relevant to this application.

***Federal Employment**

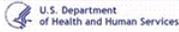
Federal Government Employee: ▼

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* - indicates a required field/section

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Page 2: Applicant's Personal Information.

Applicant must complete all of the required fields (*) before they may proceed to the next page.

The e-mail address is where FDA will send any electronic communication.

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Personal Information

*First Name:

Middle Initial:

*Last Name:

Address International

*Address 1:

Address 2:

*City:

*State: *Zip Code:

*Primary Phone: e.g. 111-111-1111

Other Phone: e.g. 111-111-1111

*E-Mail:

*Confirm E-Mail:

^ Please enter country code for international phone numbers: (country code)111-111-1111

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* - indicates a required field/section

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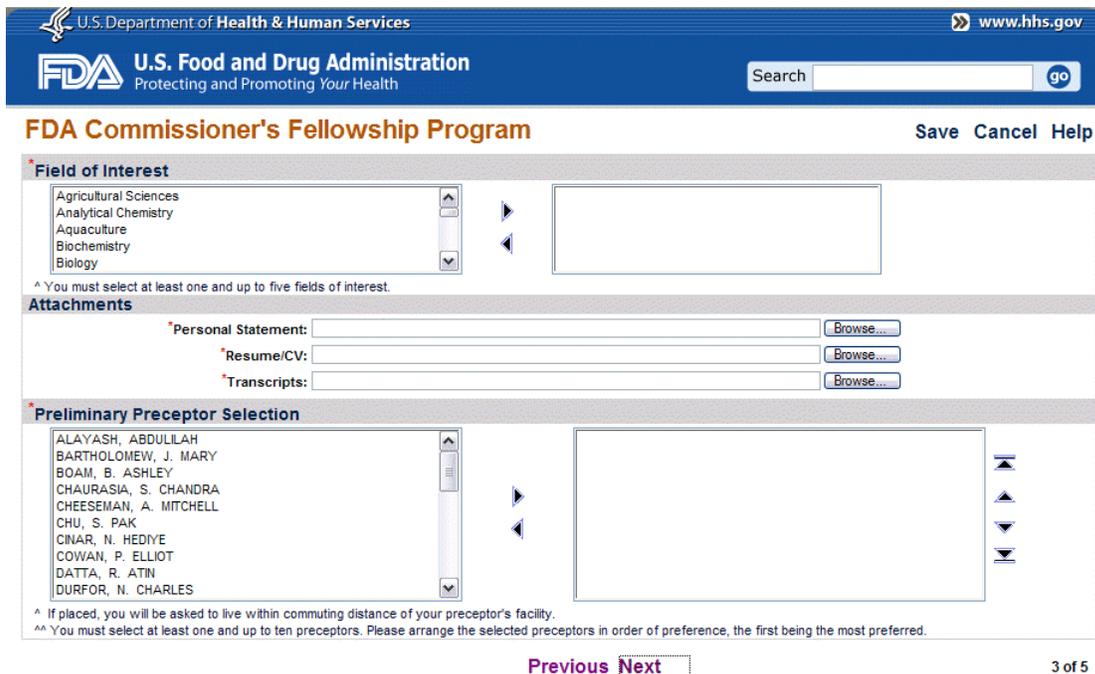
Page 3: Interest, Preceptors, and Required Documents.

SAVE – After completing page 2, there is the ability to SAVE your application, create a user account and password and return to complete the application at a later date. Go to page 6 of this documentation for additional information.

Field of Interest – Please select at least one and up to five fields of interest. Highlight a value then click the right arrow to make a selection.

Attachments – If the applicant received a foreign degree, then a fourth attachment (foreign certificate) will be required. If you inserted an incorrect file, select another to replace it. Only one file may be attached for each file type.

Preliminary Preceptor Selection – Please select up to ten Preceptors. Highlight a value then click the right arrow to make a selection. To sort them in order of preference highlight the value you want to move and then use the arrows on the right to move the value up or down.



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*** Field of Interest**

<ul style="list-style-type: none"> Agricultural Sciences Analytical Chemistry Aquaculture Biochemistry Biology 	<input type="button" value="▶"/> <input type="button" value="◀"/>	
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^ You must select at least one and up to five fields of interest.

Attachments

*Personal Statement:

*Resume/CV:

*Transcripts:

*** Preliminary Preceptor Selection**

<ul style="list-style-type: none"> ALAYASH, ABDULILAH BARTHOLOMEW, J. MARY BOAM, B. ASHLEY CHAURASIA, S. CHANDRA CHEESEMAN, A. MITCHELL CHU, S. PAK CINAR, N. HEDIYE COWAN, P. ELLIOT DATTA, R. ATIN DURFOR, N. CHARLES 	<input type="button" value="▶"/> <input type="button" value="◀"/>	<div style="text-align: right;"> <input type="button" value="▲"/> <input type="button" value="▼"/> </div>
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^ If placed, you will be asked to live within commuting distance of your preceptor's facility.
^^ You must select at least one and up to ten preceptors. Please arrange the selected preceptors in order of preference, the first being the most preferred.

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* - indicates a required field/section

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Page 4: References

References – Three references are required. The applicant must complete all of the required fields (*) for all references before they may proceed to the next page. If the reference has an International address, click the International box on the right to change the International format.



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- Reference 1
 International

Title:

*First Name: MI: *Last Name:

*Company/Organization: *Position:

*Relationship to Applicant:

*Years Known:

*Address1:

Address2:

*City:

*State: *Zip Code:

*Primary Phone: e.g. 111-111-1111

Other Phone: e.g. 111-111-1111

*E-Mail:

+ Reference 2
 International

+ Reference 3
 International

[^] Please enter country code for international phone numbers: (country code)111-111-1111

^{^^} References will be given directions on how to submit their reference letter upon completion of your application.

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* - indicates a required field/section

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Page 5: Optional Information.

The fields on page 5 are optional.

The Review Application link will open a Review page that will display all of the information that has been entered in the application. At this point the applicant can use the previous link to go back and make changes.

The Submit Application link is to be selected once the application has been reviewed and the individual would like to submit their application. Once the application is submitted the applicant will not be able to edit or retrieve it. The submit button will open the review page with a confirmation number, and allow the applicant to print a confirmation of their submission.

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Optional Information

Race:

Gender:

^ FDA appreciates your assistances in helping to ensure diversity by completing the Optional Information.

Please check this box if you would like to receive information about FDA fellowship programs or employment opportunities.

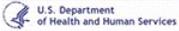
[Review Application](#)
[Submit Application](#)

^ You will not be able to change your data after submitting application. Please select the Save link if you want to save data and complete the application later.
^^ To review your information prior to submitting your application select the Review Application link to open the Review Information Page.

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Guidance on How to Create a User Account and Password:

SAVE – After completing page 2, there is the ability to SAVE your application, create a user account and password and return to complete the application at a later date. When you use the SAVE feature a Confirmation number will be assigned to the application. The application will NOT be sent to FDA. Only after the application is complete and is SUBMITTED will it be sent to FDA. When it is SUBMITTED the applicant will NOT be able to edit or retrieve the application.

The first time an applicant clicks on **SAVE**, the following screen will open. The applicant will need to enter a Username (maximum 10 characters). If the Username has already been created by another applicant, the applicant will be asked to enter another Username. All of the fields on the Registration Page are required.

Registration Page - Microsoft Internet Explorer

Username: max 10 characters [Submit](#) [Reset](#)

Password:

Confirm Password:

Security Question: ▼

Answer:

After completing the Registration Page click on the [Submit](#) link.

Registration Result - Microsoft Internet Explorer

To activate your registration and receive your Confirmation #, please click on the Activate link.
Please keep your Registration Information in a safe place. It will be required to access your application.
Your application will NOT be received by FDA until you complete all required fields and select Submit.

Username:	maxie
Password:	maxie
Security Question:	What is your favorite color?
Answer:	red

[Activate](#)

To activate the Registration, click on the [Activate](#) link.



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An e-mail will be sent to the applicant with their account information and the Review page will open with the Confirmation Number.

Confirmation Number: FP100111

[Print](#) [Close](#)

General			
Citizenship		Degrees	
US Legal Status: Permanent Resident	Type: Advanced		Degree: Pharm.D.
Green Card Number: A# 576-394-857	Exp. Date: 01/31/2013	Completed Date: 01/31/2004	Years of Exp.: 2 - 5 years
Federal Employment			
Federal Employee: No	Department: N/A	HHS Agency: N/A	
Personal			
First Name: r	Address 1: r		
Middle Initial:	Address 2:		
Last Name: r	City: r		
Primary Phone: 444-555-6666	State: IA		
Other Phone:	Zip Code: 45678		
Email: test@net.net			
Interests			
Fields of Interest			
Attachments		Preceptors	
Cover Letter:			
Resume:			
Transcripts:			
Verification of Foreign Degree: N/A			
References			
Reference 1			
Title:	Company:		
First Name:	Position:		
Middle Initial:	Rel. to Applicant:		
Last Name:	Years Known:		

When returning to the Fellowship site, enter the Username and Password in the Login box on the Introductory page and click on **Login**.

Complete Application

Username: [Login](#)

Password:

[Forgot password.](#)