

# ORISE Research Participation at CDC

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## General Instructions

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1. All documents must be in English or include an official English translation.
2. Complete the application form, and attach the following:
  - a. Resume or Curriculum Vitae, including academic history, employment history, relevant experiences, and publication list.
  - b. If insured, proof of insurance. (*Insurance may be obtained through ORISE.*)
3. Request reference from **two** persons (*including your thesis or dissertation adviser, if applicable*) who are familiar with your professional or educational qualifications.
4. Send degree-granting or most recent transcript(s) to the address below.

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**Fax or mail documents to:** (*DO NOT mail originals, if they have been faxed.*)

ORISE, CDC Programs  
Oak Ridge Institute for Science and Education  
P.O. Box 117, M.S. 36  
Oak Ridge, TN 37831-0117  
Attn: Debbie Alcorn

*For Overnight Delivery:*  
ORISE, CDC Programs  
230 Warehouse Road  
Oak Ridge, TN 37830  
Attn: Debbie Alcorn

FAX: (865) 241-5219 – Attn: Debbie Alcorn



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**Application** *(continued)*

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5. Describe the educational and professional goals you expect to achieve as a result of participating in this program.

6. How did you learn about this program? \_\_\_\_\_

7. Do you have current health insurance?     Yes     No    If yes, attach copy of insurance card.

8. Attach Resume or Curriculum Vitae (**MUST include the following information.**)

*Academic History (institution, dates, degree, major, GPA)*  
*Employment Record (current employer, salary, dates, part-time or full-time)*  
*Relevant Research Experiences*

9. Remember to send transcripts and references to address below.

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## Demographic Information

Applicant demographic data are important in assessing the effectiveness of our efforts to solicit applications from a diverse population. Your submission of this information will assist us in this regard. We appreciate your cooperation. If you decline to provide this information, it will in no way affect consideration of your application.

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### Race/Ethnicity: *(check only one)*

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African
- Caucasian
- Hispanic
- Other: \_\_\_\_\_

### Sex:

- Female
- Male

### Date of Birth:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Disability:** *(physical or mental impairment that substantially limits one or more major life activities; for example, blindness, deafness, or mobility impairment)*

- Yes
- No

