

Cancer Prevention and Control (CAPAC) Research Training Program Information and Application Packet

**Application Deadline: February 15, 2021
Must Be Emailed NO LATER THAN: February 15, 2021 at 11:59 pm (AST)**

(We recommend requesting reference letters well in advance of the deadline)

The Cancer Prevention and Control (CAPAC) Research Training Program is led by Dr. Ana Patricia Ortiz and Dr. Guillermo Tortolero-Luna, of the University of Puerto Rico Comprehensive Cancer Center (UPRCCC), San Juan, Puerto Rico, with support from the National Cancer Institute (NCI) grant (1R25CA240120-01).

Visit us at <http://www.cccupr.org/programas/capac-training-program/>

Cancer Prevention and Control (CAPAC) Research Training Program APPLICATION FORM

Application Summary

Appointment Type: Research

Academic Year:

Date Submitted:

APPLICANT INFORMATION	
<i>Last</i>	<i>First</i>
<i>Middle</i>	
Applicant Name:	
Maiden Name:	
Mother's Maiden Name:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Date of Birth: ____/____/____ (MM/DD/YYYY)	
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Legal US Resident. If yes, are you authorize to <input type="checkbox"/> work and/or <input type="checkbox"/> study in the US?	
Current Mailing Address:	
Permanent Mailing Address (if different from current mailing address):	
Daytime Telephone: ()	Evening Telephone: ()
Email address:	
<p>Are you Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Racial/Ethnic Background: (Please circle/check all that apply)</p> <p>Black/African heritage (please specify: _____)</p> <p>American Indian/Alaska Native (please specify: _____)</p> <p>Asian (please specify: _____)</p> <p>Hispanic/Latino (please specify: _____)</p> <p>Native Hawaiian/Other Pacific Islander (please specify: _____)</p> <p>White (please specify: _____)</p> <p>More than one race (please specify: _____)</p> <p>Other (please specify: _____)</p>	

PERSON PROTECTED WITH SPECIAL LEGISLATION	
Do you need a reasonable accommodation? ____ No ____ Yes	
CONTACT INFORMATION	
Full Name:	
Telephone:	Mobile:
Relationship:	Email:

EDUCATION INFORMATION	
Please select one: I am a ____ Current master's student (from public health or biomedical sciences programs) ____ Health professional students (i.e. Medicine, Pharmacy, Nursing, etc.) ____ Recent graduates from any of these programs within the past 12 months	
Name of current or previous School:	
City:	State:
Graduate degree and program:	
Faculty Advisor Name:	
Projected/Actual Graduation Date (MM/YYYY):	
Current/Final GPA:	

INSTITUTION (BACHELOR DEGREE)	
Name of school:	
City:	State:
Graduate degree and program:	
Graduation Date (MM/YYYY):	
Current/Final GPA:	

HEALTH RELATED EMPLOYMENT AND/OR RESEARCH EXPERIENCE	
Institution:	
Location:	
Institution Type: ____ Institution of Higher Education ____ Private Institution ____ Government ____ Non-profit organization ____ Other, specify: _____	
Start Date:	End Date:
Experience Type:	
Supervisor:	
Please specify if ____ employment or ____ research experience.	

HEALTH RELATED EMPLOYMENT AND/OR RESEARCH EXPERIENCE	
Institution:	
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Institution Type: ___ Institution of Higher Education ___ Private Institution ___ Government ___ Non-profit organization ___ Other, specify: _____	
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Start Date:	End Date:
Experience Type:	
Supervisor:	
Please specify if _____ employment or _____ research experience.	

ACADEMIC AWARDS AND HONORS
Award Title:
Award Institution:
Issue Date:
Award Title:
Award Institution:
Issue Date:
Award Title:
Award Institution:
Issue Date:

ADDITIONAL DEMOGRAPHICS, RESEARCH INTERESTS AND FUTURE PLANS

DEMOGRAPHICS
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, specify: _____
Secondary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, specify: _____
Please specify proficiency of Secondary Language: <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, specify: _____
Mother's Highest Academic Degree:
Father's Highest Academic Degree:
Are you the first individual in your family to attend college? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the first individual in your family to graduate from college? <input type="checkbox"/> Yes <input type="checkbox"/> No

HOW DID YOU HEAR ABOUT THE CAPAC RESEARCH TRAINING PROGRAM?
Mark all that apply: <ul style="list-style-type: none"> <input type="checkbox"/> Printed Flyer <input type="checkbox"/> Research mentor <input type="checkbox"/> Graduate faculty/student representative (please specify: _____) <input type="checkbox"/> CAPAC's website <input type="checkbox"/> Advertisement in my academic institution (i.e. email/flyer) <input type="checkbox"/> Internet/Website/email (please specify: _____) <input type="checkbox"/> CAPAC staff (please specify: _____) <input type="checkbox"/> Acquaintance/friend/family member <input type="checkbox"/> Other (please specify: _____)

RESEARCH INTERESTS								
Do you want to be considered for the extended 15 weeks program of CAPAC? <input type="checkbox"/> Yes <input type="checkbox"/> No								
<p>Would you like to be considered to perform research at (mark all that apply):</p> <p><input type="checkbox"/> Primary site (UPRCCC and UPR-MSU) <input type="checkbox"/> UPR-Rio Piedras Campus</p> <p><input type="checkbox"/> UCC (Bayamón-Puerto Rico) <input type="checkbox"/> PHSU (Ponce-Puerto Rico)</p>								
<p>What type of research in Cancer Prevention and Control would you be interested in pursuing during your participation in the CAPAC Program? (Mark all that apply)</p> <p><input type="checkbox"/> Population-based research <input type="checkbox"/> Basic sciences <input type="checkbox"/> Clinical/translational research</p> <p><input type="checkbox"/> No preference</p>								
<p>Is there any mentor within the CAPAC Program which whom you would be interested to work with during your participation in the CAPAC Program (list a max of 3 mentors):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>								
LETTERS OF RECOMMENDATION								
<p>Please provide letters of recommendation from two faculty members or research mentors, stating their support for the student as a qualified candidate for CAPAC Research Training Program (see Recommendation Form). If unable to obtain both letters from faculty, one letter may be from an individual who can comment on applicant's academic potential. List names, addresses and telephone numbers below and enclose two letters of recommendation.</p>								
<p>Recommender: 1</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name:</td> <td style="width: 50%; padding: 5px;">Position/Title:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Phone Number: ()</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Email:</td> </tr> </table>	Name:	Position/Title:	Address:		Phone Number: ()		Email:	
Name:	Position/Title:							
Address:								
Phone Number: ()								
Email:								
<p>Recommender: 2</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Name:</td> <td style="width: 50%; padding: 5px;">Position/Title:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Address:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Phone Number: ()</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Email:</td> </tr> </table>	Name:	Position/Title:	Address:		Phone Number: ()		Email:	
Name:	Position/Title:							
Address:								
Phone Number: ()								
Email:								

Disclosure

Acknowledgement

I understand that all application material submitted to University of Puerto Rico Comprehensive Cancer Center (UPRCCC) becomes the property of UPRCCC and is not returnable. I understand that the information submitted herein will be relied upon by UPRCCC to determine my qualifications and eligibility for training. I authorize UPRCCC to verify the information I have provided. I understand that any omission of requested data may jeopardize my admission to the CAPAC Program at UPRCCC. I agree to notify the proper UPRCCC officials of any changes in the information provided. I certify that the information in the application is complete, correct, and not misleading to the best of my knowledge and belief. I acknowledge the submission of any false, incomplete, or misleading information is grounds for rejection of my application.

Applicant Initials: _____

Release of Information

I hereby authorize all hospitals, schools, physicians, employers, individuals, agencies or other organizations to provide UPRCCC (or its designee) with information requested by UPRCCC to verify the information I have provided in this application and to determine my qualifications and eligibility for training. I further agree not to hold such organizations (nor individuals employed by such organizations) liable for furnishing same.

Applicant Initials: _____

SIGNATURE OF FACULTY ADVISOR

As faculty advisor to the applicant, I certify that the candidate is a current student or a recent graduate of a master's degree health program. I endorse the applicant as a qualified candidate for the *Cancer Prevention and Control (CAPAC) Research Training Program*. **(For recent graduates only:** Please submit a copy of Master's degree in lieu of faculty signature).

print/type

name signature

date

SIGNATURE OF APPLICANT

By signing below, I certify that I am eligible to apply to the *Cancer Prevention and Control (CAPAC) Research Training Program*. To the best of my knowledge, the information I have provided in this application is complete and accurate.

print/type

name signature

date

ALL APPLICATION MATERIALS MUST BE EMAILED NO LATER THAN FEBRUARY 15, 2021 at 11:59 pm (AST), TO THE FOLLOWING EMAIL ADDRESS: capac@cccupr.org
Faxed/mailed applications are NOT accepted.

For more information, contact CAPAC staff members:

Ana Patricia Ortiz, MPH, PhD
Program Director
Email: ana.ortiz7@upr.edu
787-772-8300 ext. 1204

Guillermo Tortolero-Luna, MD, MPH
Associate Director
Email: guillermo.tortolero@upr.edu
787-772-8300 ext. 1207

Marievelisse Soto-Salgado, MS, DrPH
Supporting Staff
Email: marievelisse.soto1@upr.edu
capac@cccupr.org
787-772-8300 ext. 1121

Mirza Rivera, MS, MT
Research Evaluator
Email: mirza.rivera@upr.edu
787-772-8300 ext. 1138