

To ensure eligibility, this checklist is required for all applicants for the AACR Clinical Oncology Research (CORE) Training Fellowship. Electronic/digital signatures are permitted. Signatures transmitted by electronic means shall have the same force and effect as original signatures.

Name: _____ **Position/Title:** _____
 (Applicant First MI. Last, Degree[s])

YES	NO	<i>Please answer the following.</i>
<input type="checkbox"/>	<input type="checkbox"/>	1. Is the applicant currently enrolled, or will they have enrolled by the start of the grant term, in an accredited hematology/oncology fellowship program at an academic, medical, or research institution within the United States?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the applicant have protected time to complete this fellowship? <i>Please note that applicants must plan to spend one year onsite with one of the industry sponsors. Applicants with clinical duties must contact AACR's SRGA (grants@aacr.org) before submitting an application.</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. Is the applicant an employee or a subcontractor of a U.S. government entity or for-profit private industry?
<input type="checkbox"/>	<input type="checkbox"/>	<i>For applicants on a visa:</i> 4. Will the applicant's visa status allow them to complete the fellowship onsite with the industry partner while maintaining their employment with the host institution?

The section below is required for applicants for the AACR-Johnson & Johnson Lung Initiative Research Training Fellowship **only**.

YES	NO	<i>Please answer the following. For questions 5, 6 and 7, please refer to the Notice of NIH's Interest in Diversity for additional details.</i>
<input type="checkbox"/>	<input type="checkbox"/>	1. Is the applicant female? <i>If yes, please skip questions 5, 6 and 7.</i>
<input type="checkbox"/>	<input type="checkbox"/>	2. It is recognized that underrepresentation can vary from setting to setting. Does the applicant's institution certify that the applicant belongs to a racial or ethnic group that can be demonstrated convincingly to be underrepresented in the cancer-related sciences workforce? Applicant's Race/Ethnicity: _____
<input type="checkbox"/>	<input type="checkbox"/>	3. Does the applicant have a disability, defined as a physical impairment that substantially limits one or more major life activities?
<input type="checkbox"/>	<input type="checkbox"/>	4. Is the applicant from a disadvantaged background?

Final determination of eligibility will not be completed until AACR is in receipt of the submitted application. The AACR may contact the institution for additional clarification.

Institutional Signing Official:

(signature)

Print Name: _____

Title: _____

Date: _____

Applicant:

(signature)

Print Name: _____

Date: _____