**I. Candidate Information (Required)**

Name:

### Address:

Phone:

Fax:

Email:

Candidate for (please check one):

\_\_\_ Predoctoral

\_\_\_ Postdoctoral

School and Department if predoctoral:

Clinical site if postdoctoral:

Have you applied to the Program in Clinical Effectiveness?

\_\_\_ Yes  
\_\_\_ No

Candidate’s citizenship status (check one):   
\_\_\_ US Citizen  
\_\_\_ Non citicen, but hold legal permanent resident status  
\_\_\_ Neither (therefore ineligible for T32 funding)

Mentor:

Mentor’s phone:

Mentor’s email:

**II. Self-identification (Voluntary)**

Harvard University has adopted affirmative action programs to provide full employment opportunities for qualified women and minorities, qualified disabled persons, and qualified disabled veterans and veterans of the Vietnam Era. We invite you to inform us if you are a member of a protected class, if you have a disability, or if you are a Vietnam Era or disabled veteran. This information is voluntary and providing or refusing it will NOT subject you to any adverse treatment. Please answer each section by checking the appropriate response.

Self-Identification

For Affirmative Action purposes, Harvard is required by law to keep track of the race and sex of all applicants. We invite you to assist us in keeping accurate records by self-disclosing your race and sex. This information is completely voluntary and will not be kept in your personnel file.

\_\_\_\_ Male \_\_\_\_ Female

\_\_\_\_ Black or African-American (not of Hispanic origin): A person having origins in any of the black racial groups of Africa.

\_\_\_\_ Asian, not underrepresented: A person having origins in any of the Asian subpopulations not considered underrepresented in the health professions including Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

\_\_\_\_ Asian, underrepresented: A person having origins in any of the Asian subpopulations considered underrepresented in the health professions. These include any Asian OTHER THAN Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai. (i.e., Cambodian, Vietnamese, Malaysian)

\_\_\_\_ Native American or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.

\_\_\_\_ Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Only those persons from Central and South American countries who are of Spanish origin, descent, or culture should be included in this classification. Persons from Brazil, Guyana, Surinam, or Trinidad, for example, would be classified according to their race and would not necessarily be included in the Hispanic classification. In addition, this classification does not include persons from Portugal, who should be classified according to race.

\_\_\_\_ White (not of Hispanic origin): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

\_\_\_\_ Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Self-Identification for Persons with Disabilities

In accordance with Sections 503 and 504 of the Rehabilitation Act of 1973, the provision of this information is on a voluntary basis and will be maintained in a separate location for affirmative action program use and will not be included in the personnel file of any employee for employment.

**DEFINITION: DISABILITY STATUS**

The following are examples of some, but not all, disabilities which may be included: AIDS, asthma, arthritis, color or visual blindness, cancer, cerebral palsy, deafness or hearing impairment, diabetes, epilepsy, HIV, heart disease, hypertension, learning disabilities, mental or emotional illnesses, multiple sclerosis, muscular dystrophy, orthopedic, speech or visual impairments, or any other physical or mental impairment which substantially limits one or more of your major life activities. Please indicate if you are:

\_\_\_ Disabled  
 \_\_\_ Not disabled

Self-Identification for Persons from Disadvantaged Backgrounds

We are required to report the number of individuals applying to, admitted to, and graduated from our program, who meet federal definitions for coming from “disadvantaged backgrounds” or “medically underserved communities.” The provision of this information is voluntary and will not be included in the personnel file of any employee for employment.

**The definition of “Disadvantaged”** is that which is currently in use for health professions programs (42 CFR 57.1804 (c)) and includes both economic and educational factors that are barriers to an individual’s participation in a health professions program. This means an individual who:

(a) comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or

(b) comes from a family with an annual income below a level based on low-income thresholds according to family size, published by the U.S. Bureau of the Census, and adjusted annually for changes in the Consumer Price Index, and by the Secretary for use in health professions programs.

**“Medically Underserved community”** means an urban or rural population without adequate health care services. If you are unsure about whether your community qualifies, we can use the following geographic information to make that determination:

State:

County:

City / Town:

Please indicate if you believe you are from a:

Disadvantaged Background

\_\_\_ Yes  
\_\_\_ No

or Medically Underserved Community

\_\_\_ Yes  
\_\_\_ No