University of Virginia
Complementary and Alternative Medicine Research Training Program
Application Form
for
Postdoctoral Trainee Position

(Please type or print clearly)

1. Personal Information

Name (first, middle, last) _____

Mailing Address _____

_____

Home Phone _____ Work Phone _____ Fax No. _____

E-Mail Address _____ Date of Birth _____

Citizenship: ❑ U.S. Citizen or U.S. Noncitizen National ❑ Permanent Resident of U.S.

(visa type_____)

2. Start Date: August 1

3. Education History

Name of Institution, Department and Location	Month & Year Attended		Degree(s) Received		Major/Minor	GPA	
	From	To	Degree	Month & Year		Overall	in Major

List GRE Scores: Quantitative _____ Verbal _____

Analytical (before 10/01/02) _____ **or** Essay (10/01/02 and after) _____ Subject Matter _____

TOEFL _____ MCAT _____ Other _____

4. Primary area of CAM research interest (check one):
   - ❑ Mind/body interventions
   - ❑ Manipulative and body-based methods
   - ❑ Biologically based modalities
   - ❑ Energy practices and bioelectromagnetic applications

Attach a description of your CAM research interest and the relevance of research in this area to your CAM–related career goals, including how the research training opportunity will benefit your progress toward your goals. Also identify the skills and conceptual approaches you anticipate learning or applying to enhance your understanding of CAM-related research (maximum four pages).

5. Attach a copy of undergraduate and/or graduate transcripts and GRE scores (photocopy acceptable).

6. Attach a current *curriculum vitae* that lists work experience, research activities, honors/awards, and publications.

7. Request three letters of recommendation to be sent directly to:

Ann Gill Taylor, MS, EdD, RN, FAAN
Director, CAM Research Training Program, CSCAT
University of Virginia Health System
P.O. Box 800782
Charlottesville, VA 22908-0782

Submit one copy of the application packet to the Center for the Study of Complementary and Alternative Therapies, University of Virginia Health System, P.O. Box 800782, Charlottesville, VA 22908-0782. Call 434-924-0113 with questions.