RESEARCH PARTICIPATION PROGRAM
at the Centers for Disease Control and Prevention

SELECTION FORM

Instructions: When an individual is selected for a participant appointment, please complete all items, including funding information, and return to ORISE.

1. Applicant's Name: _____

2. Applicant's Academic Status:

   Student: ◯ Freshman ◯ Sophomore ◯ Junior ◯ Senior ◯ Graduate
   or
   Postgraduate's Highest Degree: ◯ Bachelor's ◯ Master's ◯ Doctorate

3. Project (*please include or attach a paragraph describing the specific project in which the individual will participate*):

   _____

   _____

   _____

4. Monthly Stipend: $_____ Funding Document #: _____

   Comments about Stipend: _____

5. Proposed Appointment Period: From:_____ To:_____

   Appointment Status: ◯ full time ◯ part time

   Percentage of full time: _____%

6. Appointment Location:_____

   Street Address:_____

   City:_____ State:_____ Zip Code:_____

7. Mentor Name:_____

   Phone:_____ Fax:_____ E-mail:_____

8. *By making a selection and signing below, the CDC program coordinator asserts that this individual will be given a specific assignment or assignments under a mentor appointed by CDC. The individual is not considered to be performing a job, rendering advisory or personal services, providing expert advice or serving as staff augmentation in any way. The selection of the individual, determination of stipend amount and appointment period, and the appointment itself will strictly adhere to the approved Statement of Work for the Research Participation Program at the CDC and the mentor responsibilities as described on the program website www.orise.orau.gov/cdc.*

9. Program Coordinator:_____ _____

   Signature Date

Return by fax to (865) 241-5219