

**University of Wisconsin
Postdoctoral Fellowship in Women's Health Research**

Application

Name _____

Current Position _____

Address _____

Telephone _____ **fax** _____ **email** _____

Have you previously been supported by a National Research Service Award from the NIH? Yes _____ No _____

If yes, please give details _____

With this application form, please include the following:

- A Curriculum Vita
- A brief description of your research interests and career goals. In particular, describe why this postdoctoral program is right for you at this time; you may include up to two of your research publications.
- Three letters of recommendation – required. Please ask letter writers to:
 - indicate their relationship to you,
 - provide an assessment of your ability to succeed as a researcher, and
 - your ability to work with other members of a research team.

Submit application materials to:

Molly Carnes, MD, MS
Director, U.W. Center for Women's Health Research
700 Regent Street, Suite 301
Madison, WI 53715

For additional information, please contact:

Vicki Leatherberry
(608) 265-2372; vsleathe@wisc.edu