



## WIRB INTERNATIONAL FELLOWS PROGRAM APPLICATION FORM

Thank you for your interest in the WCG/WIRB International Fellows program.

The application form is divided into 5 sections as follows:

1. Personal Information
2. Professional Information
3. Program Information
4. Visa Information
5. Financial Information

While every applicant to the program will need to complete sections 1 through 4. Section 5 is further divided into 2 sub-sections; subsection B must only be completed by those applicants who are seeking scholarship assistance from WCG/WIRB.

Before you begin, please take a moment to indicate how you found out about our program:

- Current or Former WIRB Fellow
- WIRB/WCG Staff
- WIRB/WCG Website
- Conference
- Other

Please specify name of source: \_\_\_\_\_

Thank you again for your interest!



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International Fellows Program  
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**SECTION I: PERSONAL INFORMATION** (Please enter information **EXACTLY** as it appears on your passport)

Surname/Family Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Female  Male  
Day-Month-Year

City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Country of Citizenship /Legal Permanent Residence \_\_\_\_\_

Home Address: \_\_\_\_\_

Street: \_\_\_\_\_

Village/Province (if applicable): \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code (if applicable): \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Education** (Copies of your degree/certificates(s) must be submitted with your application)

Degree/Certificate	Date Awarded	Major/Specialty



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**SECTION II: PROFESSIONAL INFORMATION**

Organization/Employer Name \_\_\_\_\_

Job Title \_\_\_\_\_

Current Profession \_\_\_\_\_ Years of experience \_\_\_\_\_

Institutional Review Board Work Experience

- None
- < 1 year
- 1-2 years
- 3-5 Years
- >5 years

Are you a voting IRB Member?  Yes  No

Please outline your role and responsibilities at the IRB:

How will your participation in this training program help enhance research ethics and human research protection in your country?



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### SECTION III: PROGRAM INFORMATION

Please indicate the session for which you are applying. **Do not complete the questions if applying for the 2 month program.** If you are applying to participate in the 6-month program, you **must** answer the additional questions below.

Note that while every effort will be made to place you in the session you indicate this cannot be guaranteed. WCG/WIRB retains the right to make adjustments as needed.

2 months                       Spring Session                       Summer Session

6 months                       Spring Session                       Summer Session

1. Do you have any potential conflicts of interest, whether financial or otherwise, related to the review of research protocols? Yes No
2. Have you been convicted of a crime within the past ten (10) years? Yes No
3. Have you currently or ever been, debarred, excluded, suspended, and/or declared ineligible by the U.S. Department of Health and Human Services, U.S. Food and Drug Administration, or any other state or federal agency from receiving federal or state money or contracts?  
Yes No
4. Has there been any U.S. Department of Health and Human Services, U.S. Food and Drug Administration, or any other state or federal agency action or investigation relating to debarment, exclusion, suspension, and/or a declaration of ineligibility from receiving federal or state money or contracts currently pending or threatened against you? Yes No



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### SECTION IV: VISA INFORMATION

If you are currently in the United States or hold a U.S. visa, please indicate:

Visa Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you are **not** currently in the US or do not hold a visa to enter the U.S, please indicate the type of visa for which you are applying:

- B1/B2 Visitor
- J-1 Exchange Visitor
- None/Visa Waiver

*\*Applicants can participate on a B1/B2 visitor's visa. However, applicants to the 6-month program ideally should hold a J-1 visa; WIRB will provide the necessary supporting documentation for you to apply for the J1 visa.*

#### **Limitations:**

- If you have applied for the 6-month program and are already the holder of a valid U.S. visa, WIRB will not provide documentation for you to apply for the J1 visa. You will be allowed to participate on your existing visa.
- There are a limited number of J1 slots for which WIRB is authorized to provide supporting documentation. Priority for use of those slots will be for applicants to the 6-month program.
- Provision of the supporting documentation by WIRB does not guarantee the award of a visa by a US Consular Officer. You will still have to meet the other eligibility requirements established by the United States Department of State.
- If your spouse, children or other dependents will be accompanying you for the entire length of the program, and they need to apply for a visa they may be eligible to apply for a J2 visa. A J2 visa is a dependent visa and it is solely granted so that the recipient can accompany the J1 visa holder. If you are considering this visa, you must request a supplemental form from WIRB to have the necessary documentation completed.

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**SECTION V: FINANCIAL INFORMATION**

**A. Financial Support**

Please indicate the total amount of your funding; list **all** sources and indicate the amounts in US dollars. Your sources of financial support could include: International Organizations (limit of 2), Other Organizations, Your Government and/or Organization, and Your Personal Funds.

	TOTAL AMOUNT (US\$)
<b>United States Government:</b>	
	\$
	\$
<b>International Organization(s) (Maximum of 2)</b>	
	\$
	\$
<b>Your Government</b>	
	\$
<b>Other Organizations or Institutions</b>	
	\$
	\$
	\$
<b>Sponsor Funds</b>	\$
<b>Your Personal Funds</b>	\$
<b>Total for the 6-month Program:</b>	\$

**Estimate as at January 2019 of minimum funds** required for ONE person to attend the program: (Note, if family members are joining you, the costs will increase). These numbers are an estimate; your actual costs may vary.

Projected Expense (estimated in US\$)	Total per month	Total for 6-months
Rent (2-bedroom apartment) - 156 days*	\$1,240.00	\$6,800.00
NY Hotel - 14 days (\$275.00 per night)		3,850.00
Food, entertainment, etc. **	1,533.00	9,200.00
Health Insurance***	500.00	500.00
Roundtrip airfare to US		1,500.00
Roundtrip airfare from WA to NY		600.00
	<b>TOTAL</b>	<b>22,450.00</b>

\* Based on double occupancy. If you require a 1-bedroom, WIRB can provide information for you to obtain your own lease.

\*\* Based on \$50 per day (156 days) in WA and \$100 per day (14 days) in NY.

\*\*\* Sufficient health insurance is required for each person.



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### B. Request for Scholarship Assistance

Applicants for scholarships to attend the WCG/WIRB International Fellows Program are required to seek assistance from their own organization, as well as other local or international government agencies before applying for assistance from WCG/WIRB. **Documentation of all funding received or denied must be submitted to WIRB for your aid application to be considered complete.**

Please check all sources of available funds that apply:

<b>Government Agencies</b>	<input type="checkbox"/>	Funding request denied	
	<input type="checkbox"/>	Funding received	\$ _____
<b>Local/International Organizations</b>	<input type="checkbox"/>	Funding request denied	
	<input type="checkbox"/>	Funding received	\$ _____
<b>U.S. Government or Organization</b>	<input type="checkbox"/>	Funding request denied	
	<input type="checkbox"/>	Funding received	\$ _____
<b>Your personal funds</b>			\$ _____

Have you previously applied for or received a scholarship award from WIRB?  Yes  No

If yes, what year? \_\_\_\_\_

Please indicate the type of financial assistance you are requesting

- Housing in Washington State
- Housing in New York
- Daily Expenses for Washington State
- Daily Expenses for New York
- Airfare (Roundtrip between Washington and New York)

Scholarship Award Criteria include:

- I. *Applicant must be from a country that has been designated as Low or Medium Human Development on the most current UNDP Human Development Index;*
- II. *Applicant has provided verifiable evidence of financial need.*