

To ensure eligibility, this checklist is required for all applicants for the AACR Clinical Oncology Research (CORE) Training Fellowships. Electronic/digital signatures are permitted. Signatures transmitted by electronic means shall have the same force and effect as original signatures.

**Name:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_  
 (Applicant First MI. Last, Degree[s])

YES	NO	Please answer the following.
<input type="checkbox"/>	<input type="checkbox"/>	1. Is the applicant currently enrolled, or will they have enrolled by the start of the grant term, in an accredited hematology/oncology fellowship program at an academic, medical, or research institution <b>within</b> the United States?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does the applicant have protected time to complete this fellowship? <i>Please note that applicants must plan to spend one year onsite with one of the industry sponsors. Applicants with clinical duties <b>must</b> contact AACR's RGA (<a href="mailto:grants@aacr.org">grants@aacr.org</a>) <b>before</b> submitting an application.</i>
<input type="checkbox"/>	<input type="checkbox"/>	3. Is the applicant an employee or a subcontractor of a U.S. government entity or for-profit private industry?
<input type="checkbox"/>	<input type="checkbox"/>	<i>For applicants on a visa:</i> 4. Will the applicant's visa status allow them to complete the fellowship onsite with the industry partner while maintaining their employment with the host institution?

*Final determination of eligibility will not be completed until AACR is in receipt of the submitted application. The AACR may contact the institution for additional clarification.*

**Institutional Signing Official:**

\_\_\_\_\_  
*(signature)*

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Fellowship Program Director:**

\_\_\_\_\_  
*(signature)*

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Applicant:**

\_\_\_\_\_  
*(signature)*

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_