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# GLOBAL NON-COMMUNICABLE DISEASE RESEARCH TRAINING PROGRAM

***REQUEST FOR APPLICATIONS***

We are pleased to announce that the Global Non-Communicable Disease (NCD) Research Training Program, supported by the National Heart, Lung, and Blood Institute (T32HL166133), is now accepting applications for the 2024-2025 academic year. This post-doctoral research fellowship, led by Jessica Haberer, MD, MS, brings together faculty from the MGH Divisions of Cardiology, Endocrinology, Pulmonology, and Hematology and the Center for Global Health to offer a formal research training program for global NCDs. Our goal is to help early-stage investigators launch their research careers.

This program supports research in a wide range of global NCDs, primarily involving cardiovascular, cardiometabolic, lung, and blood (non-cancer) diseases as well as interactions between infectious diseases and such conditions. Types of research include clinical epidemiology, clinical trials, environmental exposures, diagnostics, genomics, health services research, and implementation science.

The fellowship provides a dedicated research mentor and career development mentor for each trainee, didactic seminars, research training through the Program in Clinical Effectiveness and other coursework at the Harvard T.H. Chan School of Public Health, and a Community of Practice within the program and with other global health fellows. Training emphasizes the role of allyship and equity in global health research. Funding is typically available for up to two years, and awards cover a stipend, travel to professional meetings, some tuition costs, and other training-related expenses.

For more eligibility and program information, as well as a link to application materials, please visit our [website](https://globalhealth.massgeneral.org/ourwork-items/global-non-communicable-diseases-research-training-program/).

Fellowship positions are available from July 1, 2024. Please direct any inquiries to Program Manager, Lindsey Garrison ([legarrison@mgh.harvard.edu](mailto:legarrison@mgh.harvard.edu)).

## Citizenship and Minority Recruitment

Per NIH guidelines, applicants must be a citizen or non-citizen national of the United States or have been lawfully admitted for permanent residence at the time of appointment. Underrepresented minority groups including, but not limited to, African Americans, Hispanic Americans, Native Americans, Alaskan Natives and Pacific Islanders are strongly encouraged to apply.

We look forward to receiving your application.

Please share this announcement with other interested candidates.

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Global NCD Research Training Program ApplicationInstructions

Please include in the application:

1. Cover page (see attached)
2. A one-page personal statement of background and experience, goals for T32 fellowship training and longer-term career goals
3. A (maximum two page) description of your research interests, planned research project and proposed mentor (see [faculty](https://globalhealth.massgeneral.org/ourwork-items/global-non-communicable-diseases-research-training-program/)). If you need assistance identifying a potential faculty member, please contact us.
4. One letter of recommendation from a prior/current mentor or training supervisor, and one letter of recommendation from your proposed T32 research mentor. If you are currently working with your proposed mentor and they can serve as both a current/prior mentor letter and your future T32 project mentor letter, you only need one letter.
5. Documentation of doctoral degree completion (or imminent completion) and citizenship/permanent resident status
6. Your Curriculum Vitae

Please return this form and all related materials as a single pdf to Lindsey Garrison (legarrison@mgh.harvard.edu).

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Cover Page

TRAINEE NAME:

TRAINEE EMAIL ADDRESS:

TRAINEE’S PROPOSED MENTOR (if any):

MENTOR’S EMAIL ADDRESS:

PERIOD OF REQUESTED FUNDING:

PERSONAL STATEMENT (no more than 1 page):

Please explain why you wish to enter this training program.

RESEARCH INTERESTS (no more than two pages):

Please describe your research interests, or your planned research project if already formulated.

## Self-Identification (voluntary)

Harvard University has adopted affirmative action programs to provide full employment opportunities for qualified women and minorities, qualified disabled persons, and qualified disabled veterans and veterans of the Vietnam Era. We invite you to inform us if you are a member of a protected class, if you have a disability, or if you are an Iraq, Afghanistan, or other disabled veteran. This information is voluntary and providing or refusing it will NOT subject you to any adverse treatment. Please answer each section by checking the appropriate response.

Self-Identification

For Affirmative Action purposes, Harvard is required by law to keep track of the race and sex of all applicants. We invite you to assist us in keeping accurate records by self-disclosing your race and sex. This information is completely voluntary and will not be kept in your personnel file.

Male Female

Black or African-American (not of Hispanic origin): A person having origins in any of the black racial groups of Africa.

Asian, not underrepresented: A person having origins in any of the Asian subpopulations not considered underrepresented in the health professions include Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai.

Asian, underrepresented: A person having origins in any of the Asian subpopulations considered underrepresented in the health professions include any Asian OTHER THAN Chinese, Filipino, Japanese, Korean, Asian Indian, or Thai. (i.e., Cambodian, Vietnamese, Malaysian)

Native American or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community recognition.

Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Only those persons from Central and South American countries who are of Spanish origin, descent, or culture should be included in this classification. Persons from Brazil, Guyana, Surinam, or Trinidad, for example, would be classified according to their race and would not necessarily be included in the Hispanic classification. In addition, this classification does not include persons from Portugal, who should be classified according to race.

White (not of Hispanic origin): A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

Native Hawaiian or other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Self-Identification for Persons with Disabilities

In accordance with Sections 503 and 504 of the Rehabilitation Act of 1973, the provision of this information is on a voluntary basis and will be maintained in a separate location for affirmative action program use and will not be included in the personnel file of any employee for employment.

## DEFINITION: DISABILITY STATUS

The following are examples of some, but not all, disabilities which may be included: AIDS, asthma, arthritis, color or visual blindness, cancer, cerebral palsy, deafness or hearing impairment, diabetes, epilepsy, HIV, heart disease, hypertension, learning disabilities, mental or emotional illnesses, multiple sclerosis, muscular dystrophy, orthopedic, speech or visual impairments, or any other physical or mental impairment which substantially limits one or more of your major life activities. Please indicate if you are:

Disabled Not disabled

Self-Identification for Persons from Disadvantaged Backgrounds

We are required to report the number of individuals applying to, admitted to, and graduated from our program

who meet federal definitions for coming from “disadvantaged backgrounds” or “medically underserved communities.” The provision of this information is voluntary and will not be included in the personnel file

of any employee for employment.

**The definition of “Disadvantaged”** is that which is currently in use for health professions programs (42 CFR 57.1804 (c)) and includes both economic and educational factors that are barriers to an individual’s participation in a health professions program. This means an individual who:

* 1. comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or
  2. comes from a family with an annual income below a level based on low-income thresholds according to family size, published by the U.S. Bureau of the Census, and adjusted annually for changes in the Consumer Price Index, and by the Secretary for use in health professions programs.

**“Medically Underserved community”** means an urban or rural population without adequate health care services. If you are unsure about whether your community qualifies, we can use the following geographic information to make that determination:

State County

City or Town, State, Zip code

Please indicate if you believe you are from a: Disadvantaged Background Yes No

or Medically Underserved Community Yes No