



NCQA PHYLLIS TORDA HEALTH CARE QUALITY AND EQUITY FELLOWSHIP EXPRESSION OF INTEREST FORM

All applicants should complete this form as soon as possible to indicate their intent to apply for the Phyllis Torda Fellowship. While this form is not required, completing this form will allow NCQA to support candidates during the application process.

Applicant Information

Last Name:	First Name:
Address:	
Email:	
Phone Number #1:	Phone Number #2:

Education/Training *(Begin with baccalaureate or other initial professional education. Include postdoctoral training and residency training if applicable.)*

Institution and Location	Degree	MM/YY	Field of Study

Research and Health Care Experience *(Provide the following information about your relevant research and health care experience.)*

Organization Name	Title	Start Date – End Date (MM/YY – MM/YY)

Health Care Topics of Interest *(Please list health care quality and equity topics that you would be most interested in examining during the fellowship. Feel free to be as specific as you would like.)*

Fellowship Track Choice *(Select the track you are considering applying. Please see the fellowship announcement for additional information on each track.)*

	Quantitative Research Track
	Translational Research Track

Would you propose in your application a self-guided project that you will complete during the fellowship?

	Yes
	No
	Unsure at this time

Self-Guided Project Topics or Research Questions *(If you are considering proposing a self-guided project, provide topics or research questions you are exploring. Please be as specific as you would like.)*

Potential Data Source for Self-Guided Project *(If you know, list potential data sources you would consider analyzing for your self-guided project. Applicants are encouraged to analyze data sources that they have had experience with or solid knowledge of using.)*