
Robert Wood Johnson Foundation Health Policy Fellows 2024-2025 Call for Applications

Eligibility Criteria*

Instruction:

Respond to each eligibility requirement below.

* Indicates required

Exceptional midcareer professionals from academic institutions, not-for-profit organizations or government (including military; U.S. Dept. of Veterans Affairs; U.S. Public Health Service Commissioned Corps; and state offices who are not considered government officials under Section 4946 of the Internal Revenue Code)

**For these purposes, government officials are defined as any person who holds one of the following:*

- 1. An elective public office in the executive or legislative branch of the Government of the United States;*
- 2. An office in the executive or judicial branch of the Government of the United States, appointment to which was made by the President;*
- 3. A position in the executive, legislative, or judicial branch of the Government of the United States— (A) which is listed in schedule C of rule VI of the Civil Service Rules, or (B) the compensation for which is equal to or greater than the lowest rate of basic pay for the Senior Executive Service under section 5382 of title 5, United States Code;*
- 4. A position under the House of Representatives or the Senate of the United States held by an individual receiving gross compensation at an annual rate of \$15,000 or more;*
- 5. An elective or appointive public office in the executive, legislative, or judicial branch of the government of a State, possession of the United States, or political subdivision or other area of any of the foregoing, or of the District of Columbia, held by an individual receiving gross compensation at an annual rate of \$20,000 or more, and a significant part of whose activities include "the independent performance of policymaking functions."*
- 6. A position as personal or executive assistant or secretary to any of the foregoing; or*
- 7. A member of the Internal Revenue Service Oversight Board.*

Examples include, but are not limited to medicine; nursing; public health; health professions; law, dentistry; social sciences (especially disciplines related to factors that influence population health (such as housing, transportation, education, employment, etc.); health services and social work/ behavioral health.

1. Applicants must have earned an advanced degree (masters or doctoral degree). In addition, applicants must have deep experience and subject matter expertise in a health-related discipline. Do you meet this requirement?*

- Yes
 No
-
-

2. Applicants whose official job description or responsibilities are primarily government relations or advocacy are not eligible to apply. Are you eligible to apply? *

- Yes
 No
-

3. Individual candidates for receipt of award funds must be U.S. citizens, or permanent residents at the time of application. Because the RWJF Health Policy Fellows are placed in assignments in the federal government, changes in federal policy or law may necessitate that RWJF consider adjustments in eligibility and grant terms, as well as placements in the program. Do you meet this requirement? *

- Yes
 No
-

4. Are you a government official under Section 4946 of the Internal Revenue Code? *

Prior to selection, any finalist who is a government employee will be required to furnish a letter from the applicant's supervisor confirming that the applicant is not a government official under this definition.

- Yes, I am a government official.
 No, I am not a government official.
-

5. Individual candidates for receipt of award funds cannot be related by blood or marriage to any Officer or Trustee of the Robert Wood Johnson Foundation, or be a descendant of its founder, Robert Wood Johnson. Do any of these apply to you? ***

*** The Officers are the Chair of the Board of Trustees; President and CEO; Chief Operating Officer; Executive Vice President; General Counsel; Secretary; Assistant Secretary; Treasurer; Assistant Treasurer; and Chief Investment Officer of the Foundation.*

Visit [RWJF's Leadership and Policies](#) web page for further information.

- Yes
 No
-

6. If you specified "Yes" in the question above, please indicate the name(s) of the person/people to whom you are related. Include their role (e.g. Chair, General Counsel, founder).

You may skip this question if you respond "No" to the questions above.

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Letters of Reference*

i Instruction:

Start with this section first and invite your reference writers to submit their Letters of Reference (LOR). Reference letters should be submitted electronically by 3:00 p.m. ET on October 30, 2023, to allow you to finalize and submit your application by the submission deadline of 3:00 p.m. ET on November 1, 2023.

- **IMPORTANT:** All three of your reference writers must submit their letters before this section is considered complete. You will not be able to submit your application until all application sections are complete.

Applicants must read through all the instructions below:

- To send an email invitation to your three required references, use the "Invite" link below. This invitation will include login instructions. Once the reference writer logs into the system, they will have access to the selection criteria and instructions for submitting their letters electronically.
- Return to this section to see if LOR have been submitted. Applicants are responsible for actively tracking their LOR and contacting reference writers when the status of a LOR is not started or in progress. Once the reference writer submits the LOR, the status below will update to "submitted."

If a reference is no longer able to fulfill their obligation within the stated timeframe, you may "Uninvite" that reference and "Invite" another. If a reference did not receive their email message, you may "Reinvite" them.

More information can be found by referring to the "Applicant Guide" section in the "Resources" area on the left.

Reference	Date Invited	Status
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Contact Information for References *

Instruction:

Enter contact information for three references who can comment on your qualifications for the fellowship program. Reference writers must submit letters via the online application system.

Note: Go to the "Letters of Reference" section to invite reference writers.

To save a partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".

- Use the "Copy feature" to copy completed organizational and address information to a new contact, choose a role from the drop-down menu and selecting the "Copy" button.

Reference #1 *

Please complete the contact information for this reference. This is a required entry.

* Indicates required

Email *

Confirm Email *

Prefix

First Name *

Middle Name or Initial

Last Name *

Suffix

Organization *

Position *

Department

County

Phone Number

Ext.

Reference #2 *

Please complete the contact information for this reference. This is a required entry.

* Indicates required

Email *

Confirm Email *

Prefix

First Name *

Middle Name or Initial

Last Name *

Suffix

Organization *

Position *

Department

County

Phone Number

Ext.

Reference #3 *

Please complete the contact information for this reference. This is a required entry.

* Indicates required

Email *

Confirm Email *

Prefix

First Name *

Middle Name or Initial

Last Name *

Suffix

Organization *

Position *

Department

County

Phone Number

Ext.

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Applicant Contact Information *

Instruction:

Provide applicant contact information as requested below.

- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".

HPF Applicant *

Provide applicant contact information as requested below.

* Indicates required

Email *

Confirm Email *

Prefix

First Name *

Middle Name or Initial

Last Name *

Suffix

Degree *

Organization *

Position *

Department

Mailing Address *

Mailing Address (line 2)

City *

County

Country *

State / Territory *

Zip / Postal Code *

Phone Number *

Phone Ext.

Cell Number

Fax Number

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Website URL

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Applicant Questions*

* Indicates required

1. Please select your discipline or profession from the list below. *

Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Medicine - Pediatrics: Subspecialty |
| <input type="checkbox"/> Basic Sciences | <input type="checkbox"/> Medicine - Physical Medicine/
Rehabilitation |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Medicine - Preventive Medicine |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Medicine - Psychiatry |
| <input type="checkbox"/> Health Economics | <input type="checkbox"/> Medicine - Radiology |
| <input type="checkbox"/> Health Policy | <input type="checkbox"/> Medicine - Surgery |
| <input type="checkbox"/> Law | <input type="checkbox"/> Medicine - Surgery: Subspecialty |
| <input type="checkbox"/> Marriage and Family Therapy | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> Medicine - Anesthesiology | <input type="checkbox"/> Osteopathy |
| <input type="checkbox"/> Medicine - Emergency Medicine | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Medicine - Family Medicine | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Medicine - General Internal
Medicine | <input type="checkbox"/> Philosophy |
| <input type="checkbox"/> Medicine - Internal Medicine:
Subspecialty | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> Medicine - Neurology | <input type="checkbox"/> Psychology |
| <input type="checkbox"/> Medicine - Obstetrics and
Gynecology | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Medicine - Pathology | <input type="checkbox"/> Public Policy |
| <input type="checkbox"/> Medicine - Pediatrics | <input type="checkbox"/> Social Work |
| <input type="checkbox"/> Other (Please specify below) | |

2. Please indicate which track you will choose for the administration of your fellowship funds. *

Select only one.

- Track 1: Sponsoring Institution--Sponsorship through nonprofit health care organizations, government agencies, or academic centers
- Track 2: NAM Program-Administered Stipend--Fellowship funds administered by the National Academy of Medicine

3. Is the sponsoring institution your current institution? *

- Yes
- No
-

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4. What was the primary way in which you learned about the Health Policy Fellows program? *

Select one response.

- Health Policy Fellow alumnus/alumna
 - From a colleague in a different organization
 - At a national meeting
 - Call for Applications (CFA)
 - CFA emailed directly to you
 - From the RWJF website
 - From the Health Policy Fellows website
 - From the National Academy of Medicine website
 - From a listserv
 - From a colleague in the same organization
 - Other (Please specify below.)
-

5. If you learned of the program from an alumnus/alumna, please provide his or her name below.

6. Were there other ways in which you heard about the Health Policy Fellows program?

List below.

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Fellowship Experience Goals

Instruction:

Respond to the following question in the text box below.

* Indicates required

Fellowship Experience Goals Question *

How do you think the experience of being an RWJF Health Policy Fellow will impact your career trajectory? How do you think your ability to affect change will be influenced by the fellowship? What problems or challenges at the local or national level do you see now that you could be more effective in addressing as a result of your fellowship experience?

(Be as specific as possible using 50 words or less - approximately 300 characters. Complete sentences are not required.)

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Sponsoring Institution Information *

Instruction:

Please complete the Sponsoring Institution contact information requested below based on the "Track" you will be following. There are two options for administration of fellowship stipends.

For Track 1 applicants: Fill in the information for your Sponsoring Institution. (Sponsorship through nonprofit health care organizations, government agencies, or academic centers)

For Track 2 applicants: Fill in the information for the National Academy of Medicine. (NAM Program-Administered Stipend-Fellowship funds administered by the National Academy of Medicine)

Track 2 Applicants should complete this section using the NAM contact information provided below. Enter EIN# 53-0196932 for the NAM.

Sponsoring Organization:	National Academy of Sciences
School or Department:	National Academy of Medicine
Address:	500 Fifth Street, NW
City:	Washington
Country:	United States
State:	District of Columbia
Zip + 4 / Postal Code:	20001-2739
Main Phone:	202-334-3300
Main Fax:	202-334-3862

You may use the "Select organization information" link below to facilitate the entry of data required below. If the information already exists in the GuideStar Exchange or from prior activity with RWJF, the fields below will become prepopulated with the required data. If that occurs, please be sure to proofread the prepopulated information to ensure that it is accurate and current. Feel free to edit as needed. [Use this link](#) to learn more about this feature. If, instead, you prefer to manually enter all the required information below, you may do so.

Provide the following information about the applicant organization. **Include the formal legal name of the organization that, if awarded, will receive grant funds.**

Note: If the Sponsoring Institution is a college or university, include the appropriate School, Department or Unit.

* Indicates required

Sponsoring Institution *

School/Department

Address *

Address (line 2)

City *

State / Territory *

Zip+4 / Postal Code *

Phone Number *

Ext.

Fax Number

Website

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Required Essays *

Instruction:

All documents must be converted to a PDF prior to uploading, in order to preserve your original document formatting. For additional information regarding converting your document to PDF, refer to "Resources" (located on the left), select "Applicant Guide" and choose "Upload a Document".

To prepare, upload and submit the required essays:

- Review each description below before writing your essays.
- Prepare response to each essay in a separate document using 12-point Arial, single spacing, and one-inch margins all around. Include your name (last name, first name) in the header.
- Convert each document to a PDF.
- Upload each PDF per instructions in the "Uploading a Document" section of the "Applicant Guide" located in the "Resources" area on the left.

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

* Indicates required

Description

Templates

Uploaded Documents

Essay A *

Reflecting on your lived experience, your career, and your accomplishments, what inspires you about the possibility of becoming an RWJF Health Policy Fellow? Discuss how your personal background and experiences shaped your world view and understanding of health; the highlights of your career and the accomplishments of which you are most proud; and the factors that have motivated you to apply for the fellowship. Please include the unique perspectives you bring to the program, and what you hope to do in the future to build a better, more inclusive, healthier, and more equitable society where everyone has a fair and just opportunity to thrive, no matter who they are, where they live, or how much money they have.

(no more than two pages)

Essay B *

You are serving as a health policy adviser to a Member of Congress or the head of a federal agency. Prepare a memo describing a current health policy challenge, and recommend an approach that the nation should take to address this challenge.

(no more than two pages)

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Supporting Documents *

Instruction:

All documents must be converted to a PDF prior to uploading, in order to preserve your original document formatting. For additional information regarding converting your document to a PDF, refer to the "Upload a Document" section in the "Applicant Guide" which is located in the "Resources" area on the left.

The following supporting document is required:

- An up-to-date curriculum vitae with dates (maximum of 5 pages).

To prepare, upload, and submit the required documents:

- Include your name (last name, first name) in the header.
- Convert each document to a PDF.
- Upload each PDF per instructions in the "Applicant Guide" located in the "Resources" area on the left.

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

* Indicates required

Description

Templates

Uploaded Documents

Curriculum Vitae *

Prepare your curriculum vitae and upload in PDF format (maximum of 5 pages). Include your name (last name, first name) in the header.

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Project Title

ⓘ Instruction:

You do not need to enter any information in this section. In order to complete your application, you must acknowledge this section by selecting "Save, section finished" below.

* Indicates required

Proposed Project Title:

RWJF Health Policy Fellows 2024

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