



Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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NIH Postdoctoral Fellowship Program

Postdoctoral Application

OMB No. 0925-0299
 Expiration Date 8/31/2009
 Respondent Burden

Please note: There is a limit on the total number of postdoctoral fellowship applications you may submit through this online system. You may submit up to ten (10) applications per 12-month period. Each application you submit counts toward your total; there is no way to "retract" an application once it is submitted. For these reasons, the NIH Office of Intramural Training & Education (OITE) urges you to be discriminating when choosing to apply for a fellowship.

Instructions: Before you fill out the form below, you may find it helpful to review some hints on using this electronic form. You may also wish to review a statement regarding [privacy](#). After filling out the form, press the **[Preview Application]** button at the bottom of the page. Then, once you have reviewed your application for accuracy and are satisfied that the contents are correct, press the **[Save Application]** button to save your data and complete the application process. A notification message will be sent to Dr. Yau, at avless@od.nih.gov, and you will receive an application confirmation message by e-mail.

● Indicates a required field!

Postdoctoral Application

PD-3198: Bioinformatics/Computational Biology

1. Personal Information

Name: ●
First Mi Last

Month/Day of Birth: / ● (mm/dd)

E-mail Address: ● Format: user@server.com
 To obtain a free e-mail address, click [here](#)

Permanent Address: ●

City: ●

State: ● Candidates from the international community should enter NA in this field

Permanent Zip/Postal Code: ●

Country/Region: ●

Permanent Home Phone: ●

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship Alien Registration No.

TOEFL Score: Required for Permanent Residents or Foreign Nationals

Current Visa Status:

Years of Postdoctoral Research Experience: ●

Previous Research Experience at NIH: ●

Type of NIH Research Experience (if any):

Summer Postbaccalaureate Graduate School

	First	MI	Last	
Address:	<input type="text"/>			●
Phone:	<input type="text"/>			●
E-mail:	<input type="text"/>			● Format: user@server.com

Reference 3 (Name, Address, Phone, Email):

Name:	Mr. <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	●
		First	MI	Last	
Address:	<input type="text"/>				●
Phone:	<input type="text"/>				●
E-mail:	<input type="text"/>				● Format: user@server.com

7. Areas of NIH Research Interest

1.	<input type="text"/>	<input type="checkbox"/>	Other:	<input type="text"/>
2.	<input type="text"/>	<input type="checkbox"/>	Other:	<input type="text"/>
3.	<input type="text"/>	<input type="checkbox"/>	Other:	<input type="text"/>

How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

Preview Application



Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#) > Respondent Burden

Respondent Burden:

Public reporting burden for this collection of information is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA 0925-0299. Do not return the completed form to this address.

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Comments regarding this site are welcome. To contact us, [click here](#).

Page last revised January 10, 2007 (sva)



Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#)

Privacy Act Notification Statement

Collection of this information is authorized under 42 U.S.C. 282(b)(13), 284(b)(1)(C), 241, 242I, 282(b)(10), 284(b)(1)(K), 42 CFR Part 63, and 42 CFR Part 61, Subpart A. The primary use of this information is to evaluate your qualifications for research training at the National Institutes of Health. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Application for this program is voluntary; however, in order for us to process your application, you must complete the required fields.

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Questions or comments regarding this site? [Contact us.](#)

Page last revised on May 27, 2007 (sva)



Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > My Applications (Log Off)

NIH Postdoctoral Fellowship Program

Postdoctoral Application

OMB No. 0925-0299
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 Respondent Burden

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Postdoctoral Application

PD-3198: Bioinformatics/Computational Biology

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City: ●

State: ● Candidates from the international community should enter NA in this field

Permanent Zip/Postal Code: ●

Country/Region: ●

Permanent Home Phone: ●

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship Alien Registration No.

TOEFL Score: Required for Permanent Residents or Foreign Nationals

Current Visa Status:

Years of Postdoctoral Research Experience: ●

Previous Research Experience at NIH: ●

Type of NIH Research Experience (if any):

- Summer Postbaccalaureate Graduate School

Postdoctoral Medical/Dental Predoctoral Medical/Dental Residency

2. Curriculum Vitae

3. Publications

4. Cover Letter

5. If not selected for this position, would you like to be considered for other Postdoctoral opportunities?

6. Reference

Reference 1 (Name, Address, Phone, Email):

Name:

First MI Last

Address:

Phone:

E-mail: ● Format: user@server.com

Reference 2 (Name, Address, Phone, Email):

Name:

	First	MI	Last	
Address:	<input type="text"/>			●
Phone:	<input type="text"/>			●
E-mail:	<input type="text"/>			● Format: user@server.com

Reference 3 (Name, Address, Phone, Email):

Name:	Mr. <input type="text"/>	<input type="text"/>	<input type="text"/>	●
	First	MI	Last	
Address:	<input type="text"/>			●
Phone:	<input type="text"/>			●
E-mail:	<input type="text"/>			● Format: user@server.com

7. Areas of NIH Research Interest

1.	<input type="text"/>	Other: <input type="text"/>
2.	<input type="text"/>	Other: <input type="text"/>
3.	<input type="text"/>	Other: <input type="text"/>

Notice to all applicants:

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home

Postdoctoral Program

Letter of Recommendation for Dr. Jan Turner

OMB No. 0925-0299
 Expiration Date 8/31/2009
 Respondent Burden

Instructions:

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the "Submit" button below the boxed area.**

Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

Please include your name, academic rank, department and institution in your signature block.

Submit

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Summer Internship Program

OMB No. 0925-0299
 Expiration Date 8/31/2009
 Respondent Burden

Program Application

Instructions: Before you begin, you may want to review some helpful hints on using this electronic form and our privacy statement.

Eligibility Criteria:

1. Candidates must be enrolled at least half-time in an accredited U.S. high school, college, or university. Individuals who will be enrolled in the fall of 2009 are also eligible to apply.
2. Candidates must be U.S. citizens or permanent residents and at least 16 years of age at the time they begin the program.

Application Tips:

This form has recently been revised to allow you to save a partially completed application. To take advantage of this feature, please proceed as follows:

- Enter as much information into the form as you would like. Note that you must complete the Name, E-mail Address, and Month/Day of Birth fields and enter a valid password to be able to save a partial application.
- Press "Save Partial Application & Quit" to save the information you have entered thus far. You will have to return later to complete your application.
- When you first submit your partial application, you will automatically receive a confirmation e-mail containing instructions for accessing the online tool that allows you to review, modify, and complete your application.

Only **completed** applications are available for review by NIH investigators and administrators; partial applications are **not** accessible by NIH investigators. Once you complete your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. **To submit your completed application, you must click the "Save" button on the Preview page.**

IMPORTANT NOTE: All fields on your application must be completed by **March 1, 2009 (11:59 p.m., Eastern Standard Time)**. Applications that are incomplete after the March 1 deadline will not receive further consideration.

1. Please read the "SIP Frequently Asked Questions" before beginning to complete your online application.
2. Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appear as you intend, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and encourage your references to submit their letters promptly using the electronic system.
6. The deadline for receipt of completed applications is March 1, 2009 (11:59 p.m., Eastern Standard Time). Applications that are incomplete after the March 1 deadline will not receive further consideration. Be sure that your letters of recommendation are submitted online by March 15, 2009.

● Indicates a required field. ⓘ Indicates a help button.

1. Personal Information - Required for Submission of a Partial Application

Name: ●
First MI Last

Month/Day of Birth: / ● (mm/dd)

Permanent Home Phone: ● Format: (999) 999-9999

E-mail Address: ● Format: user@server.com
 To obtain a free e-mail account, click here

Password:

Personal Information - Continued

Permanent Address:

City:

State: (DC for Washington D.C.)

Permanent Zip Code:

Veteran: Yes No

Citizenship Status:

If Permanent Resident:

Country of Citizenship

Alien Registration No.

Previous Research Experience at NIH (Programs completed):

Relative at NIH: Yes No

If yes, relative employed by:

NIH summer training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train this summer.

- Bethesda, MD (main NIH campus)
- Frederick, MD (some NCI labs)
- Baltimore, MD (most NIA labs and all NIDA labs)
- Research Triangle Park (Raleigh/Durham), NC (NIEHS only)
- Hamilton, MT (limited positions in NIAID)
- Phoenix, AZ (limited positions in NIDDK)
- Detroit, MI (limited positions in NICHD)

2. Academic Information

School Name:

Preferred Mailing Address:

City:

State: (DC for Washington D.C.)

Zip Code:

Preferred Telephone Number: Format: (999) 999-9999

Current Education Level:

Year at Current Level:

Current Cumulative GPA:

School Grading Scale:

Note: If you select 'Other', please explain in Section 3. Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Total Credit Hours (by the end of this semester):

Academic Major:

or

3. Coursework and Grades Include courses in which you are currently enrolled.

4. CV/Resume

Copy and paste a plain text version of your curriculum vitae or resume into this space. Some reformatting may be necessary. Include education, relevant research experience, scientific publications, honors and awards, etc.

5. References

Once you submit your completed application, an e-mail request for a letter of recommendation will automatically be sent to each of the following individuals:

Reference 1:

Name:

First MI Last

Address:

Phone:

E-mail: ● Format: user@server.com

Reference 2:

Name:

First MI Last

Address:

Phone:

E-mail: ● Format: user@server.com

6. Cover Letter: Describe your research interests, career goals, and reasons for applying for training at the NIH; be certain that your cover letter is specific for this particular program.

The NIH is committed to maintaining its stature as a premiere research institution by building an inclusive workforce, fostering an environment that respects the individual, and offering an opportunity for each person to develop his or her full potential in the pursuit and support of science. We welcome trainees of all genders, races, ethnicities, physical abilities, and socioeconomic backgrounds. If you have unique circumstances, or come from a disadvantaged background, please

include this information in your cover letter.

7. Areas of Scientific Interest:

1.

2.

3.

8. Medical Entity/Disease:

1.

2.

3.

9. Preferred Institute/Center (IC):

If you already know the IC in which you wish to work (for example, if you are a returning student), you may select ONE IC from the drop-down list. Note: If you want your application to be considered by investigators in more than one IC, please leave this section blank.

How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

Save Partial Application & Quit

Preview Completed Application

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Personal Information - Continued

Permanent Address: [text box]

City: [text box]

State: [dropdown] (DC for Washington D.C.)

Permanent Zip Code: [text box]

Veteran: Yes No

Citizenship Status: **US Citizen** [dropdown]
If Permanent Resident: [text box]
Country of Citizenship: [text box]
Alien Registration No.: [text box]

Previous Research Experience at NIH (Programs completed): **None** [dropdown]

Relative at NIH: Yes No
If yes, relative employed by: [text box]

NIH summer training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train this summer.

- Bethesda, MD (main NIH campus)
 Frederick, MD (some NCI labs)
 Baltimore, MD (most NIA labs and all NIDA labs)
 Research Triangle Park (Raleigh/Durham), NC (NIEHS only)
 Hamilton, MT (limited positions in NIAID)
 Phoenix, AZ (limited positions in NIDDK)
 Detroit, MI (limited positions in NICHD)

2. Academic Information

School Name: [text box]

Preferred Mailing Address: [text box]

City: [text box]

State: [dropdown] (DC for Washington D.C.)

Zip Code: [text box]

Preferred Telephone Number: [text box] Format: (999) 999-9999

Current Education Level: [dropdown]

Year at Current Level: [dropdown]

Current Cumulative GPA: [dropdown]

School Grading Scale: [dropdown]

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Total Credit Hours (by the end of this semester): [text box]

Academic Major: [dropdown] or [text box]

full potential in the pursuit and support of science. We welcome trainees of all genders, races, ethnicities, physical abilities, and socioeconomic backgrounds. If you have unique circumstances, or come from a disadvantaged background, please include this information in your cover letter.

7. Areas of Scientific Interest:

1.

2.

3.

8. Medical Entity/Disease:

1.

2.

3.

9. Preferred Institute/Center (IC):

If you already know the IC in which you wish to work (for example, if you are a returning student), you may select ONE IC from the drop-down list. Note: If you want your application to be considered by investigators in more than one IC, please leave this section blank.

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[Reset](#) [Preview Completed Application](#)

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Research and Training Opportunities at the National Institutes of Health
 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#)

Summer Internship Program Letter of Recommendation for Mr. John Turner

OMB No. 0925-0299
 Expiration Date 8/31/2009
 Respondent Burden

Instructions:

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the "Submit" button below the boxed area.**

Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

Please include your name, academic rank, department and institution in your signature block.

Submit

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Biomedical Engineering Summer Internship Program

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Program Application

Instructions: Before you begin, you may want to review some helpful hints on using this electronic form and our privacy statement.

If you wish to MODIFY a submitted application, please go to the BESIP home page and click on the link for Modify Existing Application. A list of projects and mentors for previous BESIP Programs can be found at the BESIP web site. Mentors and projects for Summer 2009 will be available by February for the Summer 2009 program.

Eligibility Criteria:

1. Eligibility for the BESIP program can be found at the BESIP web site. The BESIP program is for undergraduate bioengineering students only who have completed their junior level requirements by the time the 2009 summer program starts and will be returning to their undergraduate school for at least one additional semester after the 2009 BESIP program. No majors other than **bioengineering** and **biomedical engineering** will be accepted into the program.
2. Candidates must be U.S. citizens or permanent residents, and be attending a college or university in the United States.

Application Tips:

This form has recently been revised to allow you to save a partially completed application. To take advantage of this feature, please proceed as follows:

- Enter as much information into the form as you would like.
- Press "Save Partial Application & Quit" to save the information you have entered thus far, and return later to complete your application.
- When you first submit your partial application, you will automatically receive a confirmation e-mail containing login information and instructions for accessing the online tool that allows you to review, modify, and complete your application.

Once you complete your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. **To submit your completed application, you must click the "Save" button on the Preview page.**

IMPORTANT NOTE: All fields on your application must be completed by **February 10, 2009** (midnight, Eastern Standard Time). Applications that are incomplete after the 2/10 deadline will not receive further consideration.

1. Please read "Application Information" before beginning to complete your online application.
2. Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and encourage your references to submit their letters promptly using the electronic system.
6. The deadline for receipt of completed applications is **February 10, 2009** (midnight, Eastern Standard Time). Applications that are incomplete after the 2/10 deadline will not receive further consideration. Be sure that your letters of recommendation are submitted online by **February 10, 2009**.
7. Sections 7, 8, and 9 of this application are not necessary when applying to the BESIP program but may be optionally filled out if you wish this application to be also considered later for the regular Summer Internship Program (SIP) in the event that you are not selected for BESIP.

● Indicates a required field. ⓘ Indicates a help button.

1. Personal Information - Required for Submission of a Partial Application

Name:

Month/Day of Birth: / (mm/dd)

Permanent Home Phone: Format: (999) 999-9999

E-mail Address: Format: user@server.com
To obtain a free e-mail account, click here

Password:

Personal Information - Continued

Permanent Address:

City:

State: (DC for Washington D.C.)

Permanent Zip Code:

Veteran: Yes No

Citizenship Status: **US Citizen**
If Permanent Resident:
Country of Citizenship Alien Registration No.

Previous Research Experience at NIH: **None**

Relative at NIH: Yes No
If yes, relative employed by:

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Preferred Mailing Address:

City:

State: (DC for Washington D.C.)

Zip Code:

Preferred Telephone Number: Format: (999) 999-9999

Current Education Level:

Year at Current Level:

Anticipated Graduation Date:

Current Cumulative GPA:

School Grading Scale:

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Total Credit Hours (by the end of this semester):

Academic Major: or

3. Coursework and Grades Include courses that you are currently enrolled in.

Empty text area for Coursework and Grades.

4. CV/Resume

Copy and paste a plain text version of your curriculum vitae into this space. Minor reformatting may be necessary. Include education, relevant research experience, scientific publications, honors and awards, etc.

Empty text area for CV/Resume.

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Reference 1:

Name:

Address:

Phone:

E-mail: ● Format: user@server.com

Reference 2:

Name:

Address:

Phone:

E-mail: ● Format: user@server.com

6. Cover Letter:

Include your research interests, career goals, and reasons for applying for training at the NIH.

Section 7, 8 and 9 apply to the Summer Internship Program (SIP). In the event that you are not selected for BESIP, your application will be forwarded to the SIP program automatically. At that time, you must direct any inquires about summer positions to the SIP Program Coordinator in the Office of Intramural Training and Education and not the BESIP Program Director.

To help you define your research interests and make the best choice -- for you -- of a summer training opportunity in SIP, you can select RESEARCH INTERESTS as follows:

- Areas of Scientific Interest: Up to three (3) choices from the drop-down list
- Medical Entity/Disease: Up to three (3) choices from the drop-down list

There are no wrong choices: you may select only 1 category or as many as 6. Choose what best reflects your interests and abilities. Investigators at NIH will then search the system according to their needs and look for the best match of your talents and their research projects for the summer.

7. Areas of Scientific Interest:

1.

2.

3.

8. Medical Entity/Disease:

1.

2.

3.

9. I would like to be considered for the following Institute/Center:

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Save Partial Application & Quit

Preview Completed Application

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Biomedical Engineering Summer Internship Program

Modify Application Tool

OMB No. 0925-0299
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2. Candidates must be U.S. citizens or permanent residents, and be attending a college or university in the United States.

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IMPORTANT NOTE: All fields on your application must be completed by **February 10, 2009** (midnight, Eastern Standard Time). Applications that are incomplete after the 2/10 deadline will not receive further consideration.

1. Please read "Application Information" before beginning to complete your online application.
2. Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and encourage your references to submit their letters promptly using the electronic system.
6. The deadline for receipt of completed applications is **February 10, 2009** (midnight, Eastern Standard Time). Applications that are incomplete after the 2/10 deadline will not receive further consideration. Be sure that your letters of recommendation are submitted online by **February 10, 2009**.
7. Sections 7, 8, and 9 of this application are not necessary when applying to the BESIP program but may be optionally filled out if you wish this application to be also considered later for the regular Summer Internship Program (SIP) in the event that you are not selected for BESIP.

● Indicates a required field. ⓘ Indicates a help button.

1. Personal Information - Required for Submission of a Partial Application

Name:

First MI Last

Month/Day of Birth: [] / [] (mm/dd)

Permanent Home Phone: [] Format: (999) 999-9999

E-mail Address: [] Format: user@server.com
To obtain a free e-mail account, click here

Personal Information - Continued

Permanent Address: []

City: []

State: [] (DC for Washington D.C.)

Permanent Zip Code: []

Veteran: Yes No

Citizenship Status: **US Citizen**
If Permanent Resident: []
Country of Citizenship: [] Alien Registration No. []

Previous Research Experience at NIH: **None**

Relative at NIH: Yes No
If yes, relative employed by:

[]

NIH summer training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train this summer.

- Baltimore, MD (most NIA labs and all NIDA labs)
- Bethesda, MD (main NIH campus)
- Detroit, MI (limited positions in NICHD)
- Frederick, MD (some NCI labs)
- Hamilton, MT (limited positions in NIAID)
- Phoenix, AZ (limited positions in NIDDK)
- Research Triangle Park (Raleigh/Durham), NC (NIEHS only)

2. Academic Information

School Name: []

Preferred Mailing Address: []

City: []

State: [] (DC for Washington D.C.)

Zip Code: []

Preferred Telephone Number: [] Format: (999) 999-9999

Current Education Level: []

Year at Current Level: []

Anticipated Graduation Date: [] []

Current Cumulative GPA: []

School Grading Scale:

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Total Credit Hours (by the end of this semester):

Academic Major: or

3. Coursework and Grades Include courses that you are currently enrolled in.

Empty text area for entering coursework and grades.

4. CV/Resume

Copy and paste a plain text version of your curriculum vitae into this space. Minor reformatting may be necessary. Include education, relevant research experience, scientific publications, honors and awards, etc.

Empty text area for pasting CV/Resume content.

5. References

Once you submit your completed application, an e-mail request for a letter of recommendation will automatically be sent to each of the following individuals:

Reference 1:

Form for Reference 1: Name (Mr., First, MI, Last), Address, Phone, E-mail (Format: user@server.com)

Resend E-mail - If this is checked an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

Reference 2:

Form for Reference 2: Name (Mr., First, MI, Last), Address, Phone, E-mail (Format: user@server.com)

Resend E-mail - If this is checked an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

6. Cover Letter:

Include your research interests, career goals, and reasons for applying for training at the NIH.

Section 7, 8 and 9 apply to the Summer Internship Program (SIP). In the event that you are not selected for BESIP, your application will be forwarded to the SIP program automatically. At that time, you must direct any inquires about summer positions to the SIP Program Coordinator in the Office of Intramural Training and Education and not the BESIP Program Director.

To help you define your research interests and make the best choice -- for you -- of a summer training opportunity in SIP, you can select RESEARCH INTERESTS as follows:

- Areas of Scientific Interest: Up to three (3) choices from the drop-down list
- Medical Entity/Disease: Up to three (3) choices from the drop-down list

There are no wrong choices: you may select only 1 category or as many as 6. Choose what best reflects your interests and abilities. Investigators at NIH will then search the system according to their needs and look for the best match of your talents and their research projects for the summer.

7. Areas of Scientific Interest:

1.

2.

3.

8. Medical Entity/Disease:

1.

2.

3.

9. I would like to be considered for the following Institute/Center:

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

[Reset](#) | [Preview Completed Application](#)



Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home

Biomedical Engineering Summer Internship Program
Letter of Recommendation for Ms. Jane Turner

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions:

- Copy and paste your letter of reference into the boxed area below. (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
Click on the "Submit" button below the boxed area.

Reference Letter
Please update the fields below so that they correctly reflect your name, phone number and address.
Name: Dr. Pat Davis
Title First Name MI Last Name
Address: 1635 14th St. NW, Washington, DC 20012
Phone: (202) 555-0831
Please include your name, academic rank, department and institution in your signature block.

Submit

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Postbaccalaureate IRTA Program

Program Application

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

If you have already applied to the NIH Academy program and would also like to apply to the Postbaccalaureate IRTA, do not use the form below; instead, click here to apply using your NIH Academy application.

Instructions:

Before you begin, you may want to review some helpful hints on using this electronic form and our privacy statement.

This form has recently been revised to allow you to save a partially completed application. To take advantage of this feature, please proceed as follows:

- Enter as much information into the form as you would like.
- Press "Save Partial Application & Quit" to save the information you have entered thus far, and return later to complete your application.
- When you first submit your partial application, you will automatically receive a confirmation e-mail containing login information and instructions for accessing the online tool that allows you to review, modify, and complete your application.

Once you complete your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. To submit your completed application, you must click the "Save" button on the Preview page.

IMPORTANT NOTE: Only completed applications are available for review by NIH investigators and administrators; partial applications cannot be accessed by NIH investigators.

Tips for Applying Successfully:

1. Review the NIH Academy program description and "Frequently Asked Questions" before beginning your online application.
2. Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts plain text inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and encourage your references to submit their letters promptly using our online system. If you are applying to the NIH Academy, you must complete all fields on your application by **January 31, 2009** (midnight, Eastern Standard Time). Applications that are incomplete after the 1/31 deadline will not receive further consideration by the NIH Academy selection committee. Also, letters of recommendation supporting NIH Academy applications must be received **ON or BEFORE March 1, 2009**.

Eligibility Criteria:

1. Candidates must be U.S. citizens or permanent residents and intend to apply to graduate or medical school within the next year.
2. Candidates for the Postbaccalaureate IRTA Program must have graduated from a fully accredited U.S. College or University no more than 2 years prior to the activation date of traineeship.
3. Candidates for the NIH Academy Program must have graduated with their first Bachelor's degree from a fully accredited U.S. College or University no more than 1 year prior to the activation date of traineeship. In other words, individuals generally must apply during their senior year.

● Indicates a required field!

1. Personal Information - Minimally Required

Name: ●
First MI Last

Month/ Day of Birth: / ● (mm/dd)

E-mail Address: ● Format: user@server.com
 To obtain a free e-mail address, click here

Preferred Telephone Number: ● Format: (999) 999-9999

Personal Information

Permanent Address: ●

City: ●

State: ● (DC for Washington D.C.)

Permanent Zip Code: ●

Permanent Home Phone: ● Format: (999) 999-9999

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship

Alien Registration No.

2. Academic Information

Current School (or last school attended): ●

Current Cumulative GPA: ●

School Grading Scale: ●

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Academic Major: or ●

Degree Type: ●

Month and Year Degree Received/Expected: / ● (mm/yyyy)

Education Plans: or ●

Note: Please indicate the degree you plan to pursue after completing your time at NIH.

3. Coursework and Grades

Please enter all the courses you have completed, not just your science courses. Also enter any courses you are currently taking or in which you will enroll during your final semester. As you receive grades for these courses, add them here using the Modify Application tool.

Course Title	Grade
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	

4. CV/Resume

Copy and paste a plain text version of your curriculum vitae into this space. Minor reformatting may be necessary. Include education, relevant research experience, scientific publications, honors and awards, etc.

Please write a cover letter outlining your research interests, career goals, and reasons for applying for training at the NIH.

Postbaccalaureate IRTA Training Locations

Postbaccalaureate IRTA training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train.

- Bethesda, MD (main NIH campus)
- Frederick, MD (some NCI labs)
- Baltimore, MD (most NIA labs and all NIDA labs)
- Research Triangle Park (Raleigh/Durham), NC (NIEHS only)
- Hamilton, MT (limited positions in NIAID)
- Phoenix, AZ (limited positions in NIDDK)
- Detroit, MI (limited positions in NICHD)

8. I would like to be considered for the following Institute/Center:

How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

Save Partial Application & Quit	Preview Completed Application
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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Postbaccalaureate IRTA Program

Program Application

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

If you have already applied to the NIH Academy program and would also like to apply to the Postbaccalaureate IRTA, do not use the form below; instead, click here to apply using your NIH Academy application.

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Eligibility Criteria:

1. Candidates must be U.S. citizens or permanent residents and intend to apply to graduate or medical school within the next year.
2. Candidates for the Postbaccalaureate IRTA Program must have graduated from a fully accredited U.S. College or University no more than 2 years prior to the activation date of traineeship.
3. Candidates for the NIH Academy Program must have graduated with their first Bachelor's degree from a fully accredited U.S. College or University no more than 1 year prior to the activation date of traineeship. In other words, individuals generally must apply during their senior year.

● Indicates a required field!

1. Personal Information - Minimally Required

2.

3.

7. Cover Letter:

Please write a cover letter outlining your research interests, career goals, and reasons for applying for training at the NIH.

Postbaccalaureate IRTA Training Locations

Postbaccalaureate IRTA training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train.

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- Hamilton, MT (limited positions in NIAID)
- Phoenix, AZ (limited positions in NIDDK)
- Detroit, MI (limited positions in NICHD)

8. I would like to be considered for the following Institute/Center:

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#)

**NIH Academy and Postbaccalaureate IRTA
Letter of Recommendation for Ms. Jane Turner**

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions:

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the "Submit" button below the boxed area.**

Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

Please include your name, academic rank, department and institution in your signature block.

Submit

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

NIH Academy

Program Application

For recent college graduates who have an interest in health disparities

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

If you have already applied to the Postbaccalaureate IRTA program and would also like to apply to the NIH Academy, do not use the form below; instead, click [here](#) to apply using your Postbaccalaureate IRTA application.

Instructions:

Before you begin, you may want to review some helpful hints on using this electronic form and our privacy statement.

This form has recently been revised to allow you to save a partially completed application. To take advantage of this feature, please proceed as follows:

- Enter as much information into the form as you would like.
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Once you complete your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. To submit your completed application, you must click the "Save" button on the Preview page.

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Tips for Applying Successfully:

1. Review the NIH Academy program description and "Frequently Asked Questions" before beginning your online application.
2. Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and encourage your references to submit their letters promptly using our online system. Letters of recommendation must be received **ON or BEFORE March 1, 2009**.

Eligibility Criteria:

1. Candidates must be U.S. citizens or permanent residents and intend to apply to graduate or medical school within the next year.
2. Candidates for the Postbaccalaureate IRTA Program must have graduated from a fully accredited U.S. College or University no more than 2 years prior to the activation date of traineeship.
3. Candidates for the NIH Academy Program must have graduated with their first Bachelor's degree from a fully accredited U.S. College or University no more than 1 year prior to the activation date of traineeship. In other words, individuals generally must apply during their senior year.

● Indicates a required field!

1. Personal Information - Minimally Required

Name:

Mr.

instructions below for details on what to include in each letter.) Candidates who wish to be considered for both programs must provide both cover letters, as indicated in the fields below. To activate the second Cover Letter window, click on the check box provided.

7. Cover Letter:

Please write a cover letter describing your research interests, career goals, and your interest in health disparities.

Optional - Click here if you would also like to apply to the Postbaccalaureate IRTA program.

[A separate cover is required if this box is checked.]

Postbaccalaureate IRTA applicants: Please write a cover letter outlining your research interests, career goals, and reasons for applying for training at the NIH.

Click the check box above if you would also like to apply for the Postbaccalaureate IRTA program at this time.

Postbaccalaureate IRTA Training Locations

Postbaccalaureate IRTA training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train.

- Bethesda, MD (main NIH campus)
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- Baltimore, MD (most NIA labs and all NIDA labs)
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- Hamilton, MT (limited positions in NIAID)
- Phoenix, AZ (limited positions in NIDDK)
- Detroit, MI (limited positions in NICHD)

8. I would like to be considered for the following Institute/Center:

How did you hear about this program? (Please select all that apply.)

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- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster

From a mentor or advisor

From an alumnus/alumna of the program

NIH representative visited school

Web search

Other; please specify:

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

NIH Academy

Program Application

For recent college graduates who have an interest in health disparities

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

If you have already applied to the Postbaccalaureate IRTA program and would also like to apply to the NIH Academy, do not use the form below; instead, click [here](#) to apply using your Postbaccalaureate IRTA application.

Instructions:

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- Enter as much information into the form as you would like.
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1. Review the NIH Academy program description and "Frequently Asked Questions" before beginning your online application.
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3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
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5. Complete your application as soon as possible and encourage your references to submit their letters promptly using our online system. Letters of recommendation must be received **ON or BEFORE March 1, 2009**.

Eligibility Criteria:

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2. Candidates for the Postbaccalaureate IRTA Program must have graduated from a fully accredited U.S. College or University no more than 2 years prior to the activation date of traineeship.
3. Candidates for the NIH Academy Program must have graduated with their first Bachelor's degree from a fully accredited U.S. College or University no more than 1 year prior to the activation date of traineeship. In other words, individuals generally must apply during their senior year.

● Indicates a required field!

1. Personal Information - Minimally Required

Name:

Mr.

First MI Last

Month/ Day of Birth: / ● (mm/dd)

E-mail Address: ● Format: user@server.com
 To obtain a free e-mail address, click here

Preferred Telephone Number: ● Format: (999) 999-9999

Personal Information

Permanent Address: ●

City: ●

State: ● (DC for Washington D.C.)

Permanent Zip Code: ●

Permanent Home Phone: ● Format: (999) 999-9999

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship

Alien Registration No.

2. Academic Information

Current School (or last school attended): ●

Current Cumulative GPA: ●

School Grading Scale: ●

Note: If you select 'Other', please explain in Section 3. Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Academic Major: or ●

Degree Type: ●

Month and Year Degree Received/Expected: / ● (mm/yyyy)

Education Plans: or ●

Note: Please indicate the degree you plan to pursue after completing your time at NIH.

3. Coursework and Grades

Please enter all the courses you have completed. not just your science courses, Also enter any courses you are currently taking or in which you will enroll during your final semester. As you receive grades for these courses, add them here using the Modify Application tool.

Course Title	Grade

4. CV/Resume

Copy and paste a plain text version of your curriculum vitae into this space. Minor reformatting may be necessary. Include education, relevant research experience, scientific publications, honors and awards, etc.

2.

3.

The NIH Academy and Postbaccalaureate IRTA program applications require separate cover letters. (See the instructions below for details on what to include in each letter.) Candidates who wish to be considered for both programs must provide both cover letters, as indicated in the fields below. To activate the second Cover Letter window, click on the check box provided.

7. Cover Letter:

Please write a cover letter describing your research interests, career goals, and your interest in health disparities.

Optional - Click here if you would also like to apply to the Postbaccalaureate IRTA program.

[A separate cover is required if this box is checked.]

Postbaccalaureate IRTA applicants: Please write a cover letter outlining your research interests, career goals, and reasons for applying for training at the NIH.

Click the check box above if you would also like to apply for the Postbaccalaureate IRTA program at this time.

Postbaccalaureate IRTA Training Locations

Postbaccalaureate IRTA training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train.

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- Baltimore, MD (most NIA labs and all NIDA labs)
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- Hamilton, MT (limited positions in NIAID)
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8. I would like to be considered for the following Institute/Center:

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Research and Training Opportunities at the National Institutes of Health

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**NIH Academy and Postbaccalaureate IRTA
Letter of Recommendation for Ms. Jane Turner**

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions:

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the "Submit" button below the boxed area.**

Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

Please include your name, academic rank, department and institution in your signature block.

Submit

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Clinical Research Training Program

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Program Application

Instructions: Before you begin, you may want to review some helpful hints on using this electronic form and our privacy statement.

Eligibility Criteria:

1. This program is intended for medical and dental students. Candidates must currently be enrolled in a medical school accredited by the Liaison Committee on Medical Education (LCME), a dental school that is accredited by the Commission on Dental Accreditation, or an osteopathic school that is accredited by the American Association of Colleges of Osteopathic Medicine (AACOM).
2. Candidates in M.D./Ph.D. programs are eligible to apply.
3. Candidates must have completed a year of clinical rotations prior to starting the program.
4. Candidates must be U.S. citizens or permanent residents.

Application Tips:

This form has recently been revised to allow you to save a partially completed application. To take advantage of this feature, please proceed as follows:

- Enter as much information into the form as you would like.
- Press "Save Partial Application & Quit" to save the information you have entered thus far, and return later to complete your application.
- When you first submit your partial application, you will automatically receive a confirmation e-mail containing login information and instructions for accessing the online tool that allows you to review, modify, and complete your application.

Once you complete your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. **To submit your completed application, you must click the "Save" button on the Preview page.**

IMPORTANT NOTE: All fields on your application must be completed by **January 15, 2009** (midnight, Eastern Standard Time). Applications that are incomplete after the 1/15 deadline will not receive further consideration.

1. Review the "Program Brochure" and "Frequently Asked Questions" before beginning your online application.
2. Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and encourage your references to submit their letters promptly using the electronic system.
6. The deadline for receipt of completed applications is January 15, 2009 (midnight, Eastern Standard Time). Applications that are incomplete after the 1/15 deadline will not receive further consideration. Be sure that your letters of recommendation are submitted online by January 22.
7. CRTP participants are required to submit an **official transcript after** accepting an offer to participate in the program. Transcripts should be sent to:

Clinical Research Training Program
Office of Clinical Research Training and Medical Education
National Institutes of Health
Building 10/Room 1N248
Bethesda, MD 20892-1158

● Indicates a required field!

1. Personal Statement

Include your research interests, career goals, and reasons for applying for the CRTP.

(Limit: 10,000 characters) characters left

Clinical Research Area of Interest: (Limit: 100 characters)

2. Personal Information - Minimally Required

Name:
First MI Last

E-mail Address: Format: user@server.com
To obtain a free e-mail address, click here

Zip Code:

Current Home Phone: Format: (999) 999-9999

Personal Information

Current Address:

City:

State: (DC for Washington D.C.)

Preferred Phone Number:

Pager Number:

Current Work Phone: Format: (999) 999-9999

Current Phone Number at School: Format: (999) 999-9999

Citizenship Status:

If Permanent Resident:

Country of Citizenship

Alien Registration No.

Previous Research Experience at NIH:

3. Academic Information

School Name: (Select pick one school from the appropriate list)

Medical School:

Dental School:

Osteopathic School:

School Grading Scale:

Current Year of Medical, Dental or Osteopathic School:

All 4th year applicants who are selected to participate in the CRTP must make arrangements with their medical, dental, or osteopathic school to defer graduation until after completing the CRTP fellowship. This requirement must be met



Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Clinical Research Training Program

Modify Application Tool

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions: Before you begin, you may want to review some helpful hints on using this electronic form and our privacy statement.

Eligibility Criteria:

1. This program is intended for medical and dental students. Candidates must currently be enrolled in a medical school accredited by the Liaison Committee on Medical Education (LCME), a dental school that is accredited by the Commission on Dental Accreditation, or an osteopathic school that is accredited by the American Association of Colleges of Osteopathic Medicine (AACOM).
2. Candidates in M.D./Ph.D. programs are eligible to apply.
3. Candidates must have completed a year of clinical rotations prior to starting the program.
4. Candidates must be U.S. citizens or permanent residents.

Application Tips:

This form has recently been revised to allow you to save a partially completed application. To take advantage of this feature, please proceed as follows:

- Enter as much information into the form as you would like.
- Press "Save Partial Application & Quit" to save the information you have entered thus far, and return later to complete your application.
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2. Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
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Office of Clinical Research Training and Medical Education
National Institutes of Health
Building 10/Room 1N248
Bethesda, MD 20892-1158

● Indicates a required field!

1. Personal Statement

Include your research interests, career goals, and reasons for applying for the CRTP.

E-mail: ● Format: user@server.com

Resend E-mail - If this is checked an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

Reference 3:

Name: ●
 First MI Last

Address: ●

Phone: ●

E-mail: ● Format: user@server.com

Resend E-mail - If this is checked an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#)

Clinical Research Training Program

Letter of Recommendation for John Turner

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions:

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- Click on the "Submit" button below the boxed area.

Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

Please include your name, academic rank, department and institution in your signature block.

Submit

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Technical IRTA Fellowship Program

Program Application

OMB No. 0925-0299
 Expiration Date 8/31/2009
 Respondent Burden

Instructions: Before you begin, you may want to review some helpful hints on using electronic forms and a statement about privacy. After you fill out the application form below, press the [Preview] button at the bottom of the page and review your application for accuracy.

Eligibility Criteria:

1. Candidates must have graduated from a fully accredited U.S. College or University with a Bachelors or Masters degree.
2. Candidates must be U.S. citizens or permanent residents.

● Indicates a required field!

1. Personal Information

Name: ●
First MI Last

Month/ Day of Birth: / ● (mm/dd)

E-mail Address: ● Format: user@server.com
 To obtain a free e-mail address, click here

PermanentAddress: ●

City: ●

State: ● (DC for Washington D.C.)

Permanent Zip Code: ●

Permanent Home Phone: ● Format: (999) 999-9999

Current Home Phone: ● Format: (999) 999-9999

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship

Alien Registration No.

2. Academic Information

Current School (or last school attended): ●

Cumulative GPA: ●

School Grading Scale: ●

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Academic Major: or ●

Degree Type: ●

2. ●
3. ●

7. Cover Letter:

Include your research interests, career goals, and reasons for applying for training at the NIH.

How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

Notice to all applicants:

Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

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USA.gov
Department of Health & Human Services



Technical IRTA Fellowship Program

Modify Application Tool

OMB No. 0925-0299
 Expiration Date 8/31/2009
 Respondent Burden

Instructions: Before you begin, you may want to review some helpful hints on using electronic forms and a statement about privacy. After you fill out the application form below, press the [Preview] button at the bottom of the page and review your application for accuracy.

Eligibility Criteria:

1. Candidates must have graduated from a fully accredited U.S. College or University with a Bachelors or Masters degree.
2. Candidates must be U.S. citizens or permanent residents.

● Indicates a required field!

1. Personal Information

Name: ●
First MI Last

Month/ Day of Birth: / ● (mm/dd)

E-mail Address: ● Format: user@server.com
 To obtain a free e-mail address, click here

PermanentAddress: ●

City: ●

State: ● (DC for Washington D.C.)

Permanent Zip Code: ●

Permanent Home Phone: ● Format: (999) 999-9999

Current Home Phone: ● Format: (999) 999-9999

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship

Alien Registration No.

2. Academic Information

Current School (or last school attended): ●

Cumulative GPA: ●

School Grading Scale: ●

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Academic Major: or ●

Degree Type: ●

- 2.
- 3.

7. Cover Letter:

Include your research interests, career goals, and reasons for applying for training at the NIH.

Notice to all applicants:

Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home

Technical IRTA Fellowship Program
Letter of Recommendation for Ms. Jane Turner

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions:

- Copy and paste your letter of reference into the boxed area below. (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
Click on the "Submit" button below the boxed area.

Reference Letter
Please update the fields below so that they correctly reflect your name, phone number and address.
Name: Dr. Pat Davis
Title First Name MI Last Name
Address: 1635 14th St. NW, Washington, DC 20012
Phone: (202) 555-0831
Please include your name, academic rank, department and institution in your signature block.

Submit

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Year-Off Training Program for Graduate or Medical Students

Program Application

OMB No. 0925-0299
 Expiration Date 8/31/2009
 Respondent Burden

Instructions: Before you begin, you may want to review some helpful hints on using electronic forms and a statement about privacy. After you fill out the application form below, press the [Preview] button at the bottom of the page and review your application for accuracy.

You are encouraged to contact investigators by e-mail or phone if you have an interest in working in their laboratories. Before you do so, we encourage you to review the various research programs at the NIH by visiting <http://www1.od.nih.gov/oir/sourcebook/sci-prgms/sci-prgms-toc.htm>.

Eligibility Criteria:

1. Candidates must have graduated from a fully accredited U.S. College or University.
2. Candidates must be U.S. citizens or permanent residents.
3. Candidates must have permission from their institution to interrupt their current education, with the understanding that they will return to their degree granting institution within one year.

● Indicates a required field!

1. Personal Information

Name: ●
First MI Last

Month/ Day of Birth: / ● (mm/dd)

E-mail Address: ● Format: user@server.com
 To obtain a free e-mail address, click here

PermanentAddress: ●

City: ●

State: ● (DC for Washington D.C.)

Permanent Zip Code: ●

Permanent Home Phone: ● Format: (999) 999-9999

Current Home Phone: ● Format: (999) 999-9999

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship

Alien Registration No.

2. Academic Information

School Name: ●

Cumulative GPA: ●

School Grading Scale: ●

Note: If you select 'Other', please explain in Section 3. Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Year-Off Training Program for Graduate or Medical Students

Modify Application Tool

OMB No. 0925-0299
 Expiration Date 8/31/2009
 Respondent Burden

Instructions: Before you begin, you may want to review some **helpful hints** on using electronic forms and a **statement about privacy**. After you fill out the application form below, press the [Preview] button at the bottom of the page and review your application for accuracy.

You are encouraged to contact investigators by e-mail or phone if you have an interest in working in their laboratories. Before you do so, we encourage you to review the various research programs at the NIH by visiting <http://www1.od.nih.gov/oir/sourcebook/sci-prgms/sci-prgms-toc.htm>.

Eligibility Criteria:

1. Candidates must have graduated from a fully accredited U.S. College or University.
2. Candidates must be U.S. citizens or permanent residents.
3. Candidates must have permission from their institution to interrupt their current education, with the understanding that they will return to their degree granting institution within one year.

● Indicates a required field!

1. Personal Information

Name: ●
First MI Last

Month/ Day of Birth: / ● (mm/dd)

E-mail Address: ● Format: user@server.com
 To obtain a free e-mail address, click here

PermanentAddress: ●

City: ●

State: ● (DC for Washington D.C.)

Permanent Zip Code: ●

Permanent Home Phone: ● Format: (999) 999-9999

Current Home Phone: ● Format: (999) 999-9999

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship

Alien Registration No

2. Academic Information

School Name: ●

Cumulative GPA: ●

School Grading Scale: ●

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Address: ●

Phone: ●

E-mail: ● Format: user@server.com

Resend E-mail - If this is checked an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

6. Cover Letter:

Include your research interests, career goals, and reasons for applying for training at the NIH.

7. Areas of Scientific Interest:

1.

2.

3.

8. Medical Entity/Disease:

1.

2.

3.

9. I would like to be considered for the following Institute/Center:

Notice to all applicants:

Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#)

Year-Off Training Program

Letter of Recommendation for Ms. Jane Turner

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions:

- Copy and paste your letter of reference into the boxed area below. (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- Click on the "Submit" button below the boxed area.

Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

Please include your name, academic rank, department and institution in your signature block.

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USA.gov



Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Clinical Electives Program

Clinical Electives Program Application

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions: Before you begin, you may want to review some **helpful hints** on using electronic forms and a statement about **privacy**. After you fill out the application form below, press the [Preview] button at the bottom of this page to review your application for accuracy. Press the [Submit] button to save your data and complete the application process.

Eligibility Requirements for the NIH Clinical Electives Program

In order to be eligible to apply for a clinical elective at the NIH, you must meet the following requirements:

1. You must be a U.S. citizen, resident alien, or a foreign citizen entering the U.S. on a B1 visa.
2. You must be in good standing in your medical or dental school.
3. You must enter all of your medical school grades as Pass/Fail or by a letter grade.
4. You must have your school's approval to participate and one of the reference letters submitted in your application must be from your Dean of Student Affairs (or equivalent) and state the Dean's title and mailing address.
5. If you are currently enrolled in or attending a school that is not 1) an LCME-accredited medical school in the United States or Canada, or 2) an accredited school of osteopathic medicine in the United States, or 3) a CODA/ADA-accredited dental school in the United States, then you must provide evidence of proficiency in communication skills either in the form of a TOEFL score or a documented passing grade on the USMLE Step 2 Clinical Skills Exam. For the TOEFL examination, the minimally acceptable scores are as follows:
 - a) minimum total score of 560 on the paper-based test
 - b) minimum total score of 220 on the computer-based test
 - c) minimum total score of 86 on the iBT with a minimal score of 26 on the speaking subsection.
6. You must have completed all of your core courses in surgery, internal medicine, ob-gyn, pediatrics, and psychiatry prior to review of your application. You must provide written documentation of a negative Mantoux test (intermediate strength PPD) within three months prior to your arrival at the NIH or, for individuals with a positive Mantoux test, a chest X-ray report within the past 12 months.
7. You must provide written documentation of a diphtheria/tetanus booster within the past 10 years.
8. You must provide written documentation of recent immunization with Rubeola vaccine.
9. You must provide written documentation of recent immunization with Varicella vaccine.
10. You are strongly encouraged to have begun or completed your Hepatitis B vaccine.

In addition, your school must provide the following:

1. Professional liability insurance coverage of \$1,000,000 individual/\$3,000,000 in the aggregate, in U.S. dollars) that would cover you on your elective in the U.S. By signing the NIH/School agreement, the school confirms they provide this coverage. If you have met all other requirements listed above, you can purchase sufficient professional liability coverage if your school cannot provide it.
2. Personal health coverage for you during your elective at the NIH. By signing the NIH/School agreement, the school confirms they provide this coverage. If you have met all other requirements listed above, you can purchase sufficient personal health coverage if your school cannot provide it.

Note: Applicants who cannot meet all of the above eligibility requirements will not be considered for an NIH Clinical Elective. Medical students from U.S. and Canadian LCME schools, Dental students from CODA/ADA-accredited schools, and Osteopathic students from AOA schools will be given priority consideration for electives. Graduates of medical, dental, or osteopathic schools are ineligible to apply.

Application Tips:

Applications for the Clinical Electives Program are received electronically. The following tips are intended to assist students in completing the online application:

- Please review the Frequently Asked Questions before completing the fields in the online application
- Be sure that you have the accurate e-mail addresses of the Dean of Student Affairs and your faculty reference
- Proofread your application thoroughly for accuracy and completeness
- Participants in the Clinical Electives Program are normally expected to start a rotation on the first Monday of the month (unless it is a federal holiday)

● Indicates a required field!

1. Personal Information

Name:
First MI Last

Month/Day of Birth: / (mm/dd)

E-mail Address: Format: user@server.com
To obtain a free e-mail address, click here

Permanent Address:

City:

State: Candidates from the international community should enter NA in this field

Permanent Zip Code/Postal Code:

Country/Region:

Permanent Home Phone: Format: (999) 999-9999

Citizenship Status:

If Permanent Resident:

Country of Citizenship

Alien Registration No.

Previous Research Experience at NIH:

2. Academic Information

School Name:

Student's Address at School:

City:

State: (DC for Washington D.C.)

Zip Code/Postal Code:

Country/Region:

Student's Telephone Number at School: Format: (999) 999-9999

Year at Current Level:

Current Cumulative GPA:

School Grading Scale:

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Year Degree Expected:

3. Cover Letter Include your research interests, career goals, and reasons for applying for training at the NIH. (Max. 15,000 characters)



Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Student

Clinical Electives Program

Clinical Electives Program Application Modification

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

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Eligibility Requirements for the NIH Clinical Electives Program

In order to be eligible to apply for a clinical elective at the NIH, you must meet the following requirements:

1. You must be a U.S. citizen, resident alien, or a foreign citizen entering the U.S. on a B1 visa.
2. You must be in good standing in your medical or dental school.
3. You must enter all of your medical school grades as Pass/Fail or by a letter grade.
4. You must have your school's approval to participate and one of the reference letters submitted in your application must be from your Dean of Student Affairs (or equivalent) and state the Dean's title and mailing address.
5. If you are currently enrolled in or attending a school that is not 1) an LCME-accredited medical school in the United States or Canada, or 2) an accredited school of osteopathic medicine in the United States, or 3) a CODA/ADA-accredited dental school in the United States, then you must provide evidence of proficiency in communication skills either in the form of a TOEFL score or a documented passing grade on the USMLE Step 2 Clinical Skills Exam. For the TOEFL examination, the minimally acceptable scores are as follows:
 - a) minimum total score of 560 on the paper-based test
 - b) minimum total score of 220 on the computer-based test
 - c) minimum total score of 86 on the iBT with a minimal score of 26 on the speaking subsection.
6. You must have completed all of your core courses in surgery, internal medicine, ob-gyn, pediatrics, and psychiatry prior to review of your application. You must provide written documentation of a negative Mantoux test (intermediate strength PPD) within three months prior to your arrival at the NIH or, for individuals with a positive Mantoux test, a chest X-ray report within the past 12 months.
7. You must provide written documentation of a diphtheria/tetanus booster within the past 10 years.
8. You must provide written documentation of recent immunization with Rubeola vaccine.
9. You must provide written documentation of recent immunization with Varicella vaccine.
10. You are strongly encouraged to have begun or completed your Hepatitis B vaccine.

In addition, your school must provide the following:

1. Professional liability insurance coverage of \$1,000,000 individual/\$3,000,000 in the aggregate, in U.S. dollars) that would cover you on your elective in the U.S. By signing the NIH/School agreement, the school confirms they provide this coverage. If you have met all other requirements listed above, you can purchase sufficient professional liability coverage if your school cannot provide it.
2. Personal health coverage for you during your elective at the NIH. By signing the NIH/School agreement, the school confirms they provide this coverage. If you have met all other requirements listed above, you can purchase sufficient personal health coverage if your school cannot provide it.

Note: Applicants who cannot meet all of the above eligibility requirements will not be considered for an NIH Clinical Elective. Medical students from U.S. and Canadian LCME schools, Dental students from CODA/ADA-accredited schools, and Osteopathic students from AOA schools will be given priority consideration for electives. Graduates of medical, dental, or osteopathic schools are ineligible to apply.

Application Tips:

Applications for the Clinical Electives Program are received electronically. The following tips are intended to assist students in completing the online application:

- Please review the Frequently Asked Questions before completing the fields in the online application
- Be sure that you have the accurate e-mail addresses of the Dean of Student Affairs and your faculty reference
- Proofread your application thoroughly for accuracy and completeness
- Participants in the Clinical Electives Program are normally expected to start a rotation on the first Monday of the month (unless it is a federal holiday)

● Indicates a required field!

1. Personal Information

Name: Mr. [First] [MI] [Last]

Month/Day of Birth: [] / [] (mm/dd)

E-mail Address: [] Format: user@server.com
To obtain a free e-mail address, click here

Permanent Address: []

City: []

State: [] Candidates from the international community should enter NA in this field

Permanent Zip Code/Postal Code: []

Country/Region: United States

Permanent Home Phone: [] Format: (999) 999-9999

Citizenship Status: US Citizen

If Permanent Resident:

[]

Country of Citizenship

[]

Alien Registration No

Previous Research Experience at NIH: No

2. Academic Information

School Name: []

Student's Address at School: []

City: []

State: [] (DC for Washington D.C.)

Zip Code/Postal Code: []

Country/Region: United States

Student's Telephone Number at School: [] Format: (999) 999-9999

Year at Current Level: []

Current Cumulative GPA: []

School Grading Scale: []

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Year Degree Expected: []

3. Cover Letter Include your research interests, career goals, and reasons for applying for training at the NIH. (Max. 15,000 characters)

Name:

First MI Last

Address:

Phone:

E-mail: ● Format: user@server.com

Resend E-mail - If this is checked an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

1. If you apply for multiple electives with the same start date, you will be limited to only one acceptance

2. If you apply for multiple electives with different start dates, you may be accepted for several different rotations

3. If you apply for a research tutorial, you must specify the research area in which you have an interest

■ Note: Your official transcript should be sent to:

Coordinator, Clinical Electives Program
 Office of Intramural Training and Education
 National Institutes of Health
 Building 10, Room 1N-248A
 10 Center Drive, MSC 1158
 Bethesda, MD 20892-1158

7. Electives

First Choice

Elective: Start:

Second Choice

Elective: Start:

Third Choice

Elective: Start:

Notice to all applicants:

Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

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Research and Training Opportunities at the National Institutes of Health
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home

Clinical Electives Program

Letter of Recommendation for John Turner

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions:

- Copy and paste your letter of reference into the boxed area below. (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- Click on the "Submit" button below the boxed area.

Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

Please include your name, academic rank, department and institution in your signature block.

Submit

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Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Home > Login

National Graduate Student Research Festival

Program Application

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions: Before you begin, you may want to review some helpful hints on using electronic forms and a statement about privacy. After you fill out the application form below, press the [Preview Application] button at the bottom of the page to review your application for accuracy. Then press the [Save Application] button to apply. Please note that, for security reasons, only plain text can be submitted. Special formatting will be lost when the application is submitted. It is your responsibility to ensure, when previewing your application, that information contained in formatting such as superscripts and Greek letters is not lost. Because Internet connections are not always stable over the long-term, we recommend that you draft and edit the longer sections of your application in a word processor and then paste them into the forms below. Note that only complete applications, i.e. applications with information in every required field, can be submitted.

Review Criteria for Applications

Eligibility:

1. Candidates must be currently enrolled at least half-time in a Ph.D. program in an accredited U.S. institution.
2. Candidates must be in the U.S. at the time of the festival (September 11 - 12)
3. Candidates must expect to receive their Ph.D. between **June 2008** and **October 2009**.
4. No restrictions are placed on candidate citizenship.

● Indicates a required field!

1. Personal Information

Name: ●
First MI Last

Month/Day of Birth: / ● (mm/dd)

Preferred E-mail Address: ● Format: user@server.com
To obtain a free e-mail address, click here

Current Address: ●

City: ●

State: ● Candidates from the international community should enter NA in this field

Current Zip/Postal Code: ●

Country/Region: ●

Preferred Phone Number: ● Cell phone number is acceptable

Citizenship Status: ●

If Permanent Resident:

Country of Citizenship Alien Registration No.

Current Visa Status:

Please make my application available for review by NIH investigators if I am not chosen to participate in this year's Research Festival: ●

2. Research Information

Abstract Title: Please enter your title in the following format:

Things I Learned from my Research: What to Do and What Not to Do

(Capitalize the first and last word and all major words; do not capitalize conjunctions or prepositions.) Please note that title length is limited to 100 characters, including spaces, tabs, and hard returns

Abstract Authors/Affiliations: If credit on your abstract should be shared, then enter all author names and institutional affiliations, including your own, exactly as they should appear in the program book. Please use the following format:

Jane Doe, University of Illinois; John Deer, University of Michigan

OR

Jane Doe, John Deer, University of Illinois

Current Research Abstract: Please do not indent. Insert an extra return between paragraphs. Remember, a good abstract should contain the purpose of the study, the methods used, the results and the conclusions. End with an acknowledgement of the source(s) of funding for the project in brackets []. Abstract length is limited to 1800 characters, including spaces, tabs, and hard returns.

Current Institution:

Poster Topic:

Abstract Title:

Abstract Authors/Affiliations:

Current Research Abstract:

You may post my abstract on the OITE website after the Festival concludes:

(Note: Your answer to this question will not affect the likelihood of your being selected to participate in the Festival.)

3. Curriculum Vitae

Please follow a standard c.v. format. However, do not record your publications in this section. Record them instead in Section 4, Publications.

4. Publications

- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

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own, exactly as they should appear in the program book. Please use the following format:

Jane Doe, University of Illinois; John Deer, University of Michigan

OR

Jane Doe, John Deer, University of Illinois

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Poster Topic:

Abstract Title:

Abstract Authors/Affiliations:

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4. Publications





Research and Training Opportunities at the National Institutes of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Home](#)

Research Festival

Letter of Recommendation for Jan Turner

OMB No. 0925-0299
Expiration Date 8/31/2009
Respondent Burden

Instructions:

- **Copy and paste your letter of reference into the boxed area below.** (Note: We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.)
- **Click on the "Submit" button below the boxed area.**

[Review Criteria for Applications](#)

Reference Letter

Please update the fields below so that they correctly reflect your name, phone number and address.

Name:

Title First Name MI Last Name

Address:

Phone:

Please include your name, academic rank, department and institution in your signature block.

Anticipated Ph.D. Completion Date:

Submit

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