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NIH Postdoctoral Fellowship Program

Postdoctoral Application

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

<u>Please note:</u> 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 alvess@od.nih.gov, and you will receive an application confirmation message by e-mail.

Indicates a required field!

Postdoctoral Applicati	ion		
PD-3198: Bioinformation	cs/Computational Biology		
1. Personal Information	n		
Name:	Mr. 👻		
	First	MI	Last
Month/Day of Birth:	/ (mm	n/dd)	
E-mail Address:	To obtain a free e-mail addre	ess, click here	Format: user@server.com
Permanent Address:			
City:			•
State:	Candidates from	n the international o	community should enter NA in this field
Permanent Zip/Postal Code:		•	terminal forces
Country/Region:	United States		.
Permanent Home Phone:			
Citizenship Status:	US Citizen	•	
	If Permanent Resident:		
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From a mentor or advisor			
From an alumnus/alumna	of the program		
NIH representative visited	school		
Web search			
Other; please specify:			

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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)



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Privacy Act Notification Statement

Collection of this information is authorized under 42 U.S.C. 282(b)(13), 284(b)(1)(C), 241, 242l, 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)



Home > My Applications (Log Off)

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Postdoctoral Applicati	on							
PD-3198: Bioinformation	cs/Computationa	l Biology						
1. Personal Information								
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Years of Postdoctoral	Research Expe	erience:] •				
Previous Research Ex	perience at NIH	l:			∃•			
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Preview Application

About Us | Privacy | Comments





USA.gov_



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.

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Submit









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.
- 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.
- 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.
- Complete your application as soon as possible and encourage your references to submit their letters promptly using the electronic system.
- 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.

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1. Personal Information - Require	ed for Submission of a Partia	l Applicati	on		
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	First	Mi La	st		
Month/Day of Birth:	(mm/dd)				
Permanent Home Phone:	• Fo	rmat: (999)	999-9999		
E-mail Address:	To obtain a free e-mail accour	it, click her		rmat: user@server.cor	n

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Personal Information - Continu	ed
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City:	
State:	(DC for Washington D.C.)
Permanent Zip Code:	•
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Citizenship Status:	US Citizen if Permanent Resident:
	Country of Citizenship Alien Registration No.
Previous Research Experience at NIH (Programs completed):	None 💌
Relative at NIH:	C Yes No If yes, relative employed by:
NIH summer training occurs on investigators, please indicate Al	several sites including the main campus in Bethesda, MD. To help our L 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 NI	DA (abs)
Research Triangle Park (Raleigh/Durhai	n), 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:	Communication Co
Zip Code:	(DC for Washington D.C.)
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:	

CV/Resume Copy and paste a plain text version of your curriculum vitae or resume into this space. Some reformatting may be eccessary. Include education, relevant research experience, scientific publications, honors and awards, etc.
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. References Once you submit your completed application, an e-mail request for a letter of recommendation will automatica
pe sent to each of the following individuals:
Reference 1:
Name: Mr.
First MI Last
Address:
Phone:
E-mail: ● Format: user@server.com
Reference 2:
Name: Mr.
First MI Last
Address:
Phone:

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.		
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7. Areas of Scientific Interest:		
1.		
2.		
3.		
8. Medical Entity/Disease:		
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Home > Student

Summer Internship Program

Modify Application Tool

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

Name:	Mr. 🔻			•
	First	MI	Last	
Month/Day of Birth:	(mm/dd)			•
Permanent Home Phone:	•	Format: (9	99) 999-999	99
E-mail Address:	To obtain a free e-mail acc	ount, click I	nere	Format: user@server.com

Personal Information - Contin	ued
Permanent Address:	
City:	•
State:	● (DC for Washington D.C.)
Permanent Zip Code:	
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	US Citizen •
Citizenship Status:	If Permanent Resident;
	and the second s
Previous Research	Country of Citizenship Alien Registration No.
Experience at NIH (Programs completed):	None •
·	C Yes 6 No
Relative at NIH:	If yes, relative employed by:
NIH summer training occurs on investigators, please indicate A	several sites including the main campus in Bethesda, MD. To help our LL 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 N	IIDA labs)
Research Triangle Park (Raleigh/Durha	am). NC (NIEHS only)
Hamilton, MT (limited positions in NIAII	0)
Phoenix, AZ (limited positions in NIDDI	Q
Detroit, MI (limited positions in NICHD)	
2. Academic Information	
School Name:	
Preferred Mailing Address:	A CONTRACTOR OF THE CONTRACTOR
	And the second section of the second section s
City:	
State:	(DC for Washington D.C.)
Zip Code:	Account of the second of the s
Preferred Telephone Number:	• Format: (999) 999-9999 🍑
Current Education Level:	<u> </u>
Year at Current Level:	
Current Cumulative GPA:	I •
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 ●

CV/Resume Dopy 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. References Dince you submit your completed application, an e-mail request for a letter of recommendation will automatically be sent to each of the following individuals:
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Once you submit your completed application, an e-mail request for a letter of recommendation will
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:
Reference 2:
Reference 2: Name: Mr. Mr. MI Last
Name: Mr. 🛣
Name: Mr. First MI Last
Name: Mr. First MI Last Address:

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

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Areas of Scientific Interest:		
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Medical Entity/Disease:		
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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





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 L	etter				
Please upda	nte the fields be	elow so that they correctly	reflect your name, p	hone number and addr	ess.
Name:	Dr. ▼	Pat	2000 000 1. S on the 2 street on the	Davis	
	Title	First Name	MI	Last Name	
Address:	1635 14th	n St. NW, Washington, I	DC 20012	•	
Phone:	(202) 555	-0831		•	
Please inclu	de your name,	academic rank, departme	ent and institution in	vour signature block	
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Submit









Home > Student

Biomedical Engineering Summer Internship Program

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

Program Application

<u>Instructions</u>: 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.
- 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.
- 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.
- Complete your application as soon as possible and encourage your references to submit their letters promptly using the electronic system.
- 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.

a help button

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

Name: Mr.

	First	MI Last		
Month/Day of Birth:	/			
Permanent Home Phone:		Format: (999) 999-	9999	
E-mail Address:	To obtain a free e-mail acco	ount, click here	Format: user@server.com	m
Password:		Þ		
Personal Information - Continu	red			
Permanent Address:			•	
City:			•	
State:	(DC for Washingto	n D.C.)		
Permanent Zip Code:				
Veteran:	C Yes 6 No		·	
Citizenship Status:	US Citizen If Permanent Resident:	•		
·	Country of Citizenship	Alien Rec	istration No.	
Previous Research Experience at NIH:	None 🔽	/mon recy	ortagos (140).	
Relative at NIH:	C Yes No If yes, relative employed by			
IIH summer training occurs on nvestigators, please indicate A	LL locations where you wo	uld be willing to t	rain this summer.	
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/Durha	m), NC (NIEHS only)			
Academic Information				
School Name:		***************************************	•	
Preferred Mailing Address:			•	
City:				
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State:	(DC for Washington)	on D.C.)		
Zip Code:			_	
Preferred Telephone Number:		Format: (999) 999-	9999 🍑	
Current Education Level:	2 •			
Year at Current Level:	 •			
Anticipated Graduation Date:	· ·	•		

E-mail:

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Current Cumulative	,			
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	sure to describe your relative to that scale.	school's grading scale a	nd your current cumulative	average
Total Credit I (by the end of this seme				
Academic f	Major:	or	•	
3. Coursework and Grades	Include courses that you a	re currently enrolled in.		
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4. CV/Resume				
education, relevant research	version of your curriculum vit a experience, scientific public	tae into this space. Minor cations, honors and awar	reformatting may be neces ds, etc.	ssary. Include
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5. References				
Once you submit your cor be sent to each of the follo	mpleted application, an e-n owing individuals:	nail request for a letter	of recommendation will a	utomatically
Reference 1:				
Name: M	lr.	MI Last		•
Address:	3800 JBC - B. CHARMET 1932 J 1942 J. B. J. C		•	
Phone:			•	
E-mail:			Format: user@server.com	ı
	•			
Reference 2:		•		
Name:	lr. ☑ First	MI Last		
Address:				
Phone:			ı	

• Format: user@server.com

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Areas of Scientific Interest: Medical Entity/Disease:	or as many as 6. Choose what best re according to their needs and look for t	flects your interests the best match of yo









Home > Student

Biomedical Engineering Summer Internship Program

Modify Application Tool

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

<u>Instructions</u>: 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.

- Please read "Application Information" before beginning to complete your online application.
- 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.
- 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.
- Complete your application as soon as possible and encourage your references to submit their letters promptly using the electronic system.
- 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: Mr. <u>▼</u>

	First	MI Last		
Month/Day of Birth:	(mm/dd)			
Permanent Home Phone:	• F	ormat: (999) 999-	9999	
E-mail Address:	To obtain a free e-mail accou	nt, click here	Format: user@server.com	n '
Personal Information - Continu	ued			
Permanent Address:			•	
City:			_	
State:	The second secon	D C)	•	
Permanent Zip Code:	(DC for Washington	D.C.)		
	AMALES STANDARD CONTRACTOR OF THE			
Veteran:	C Yes 6 No			
Citizenship Status:	US Citizen If Permanent Resident:	·		
	Country of Citizenship	Alien Reg	istration No.	
Previous Research Experience at NIH:	None 💌			
Relative at NIH:	C Yes No			
	If yes, relative employed by:			
NIH summer training occurs on investigators, please indicate Al Baltimore. MD (most NIA labs and all NI	LL locations where you woul	d be willing to t	setnesda, MD. 10 help our rain this summer.	
Bethesda, MD (main NIH campus)				
Detroit, MI (limited positions in NICHD) Frederick, MD (some NCI labs)				
Hamilton, MT (limited positions in NIAID	3			
Phoenix, AZ (limited positions in NIDDK)	,			
Research Triangle Park (Raleigh/Durhar				
2. Academic Information School Name:				
Preferred Mailing Address:			•	
Total mailing Address.	Annual Control of the		•	
City:	M			
State:	• (DC for Washington	D.C.)		
Zip Code:				
Preferred Telephone Number:	• Fo	ormat: (999) 999-	9999 🍄	
Current Education Level:	<u> </u>	. ,		
Year at Current Level:	<u>□</u> 23 •			
Anticipated Graduation Date:		•		
Current Cumulative GPA:				

School Grading Scale:	•				
	Note: If you select 'Other', sure to describe your scho relative to that scale.	please exp ol's grading	lain in Se g scale an	ction 3, Coursework and d your current cumulati	d Grades. ve averag
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References					
ce you submit your completed sent to each of the following it	d application, an e-mail re individuals:	quest for	a letter of	recommendation will	automati
ference 1:					
Name: Mr.	Andrew Marie Co. Andrews Marie Co. The Co. Co.	~ ~ ~			•
**************	First	MI	Last		
Address:	Andrew Control of the	entered the state of the state			
Phone:	en maner en	eric wa ni e www			
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ference 2:					
Name: Mr.	First	MI	Last		•
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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	r applying for training at the NIH.
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Section 7, 8 and 9 apply to the Summer Internship Program (Sapplication will be forwarded to the SIP program automatically positions to the SIP Program Coordinator in the Office of Intra Director.	. At that time, you must direct any inquires about summer
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 Areas of Scientific Interest: Up to three (3) choices from Medical Entity/Disease: Up to three (3) choices from th 	n the drop-down list e drop-down list
There are no wrong choices: you may select only 1 category o	r as many as 6. Choose what best reflects your interests
and abilities. Investigators at NIH will then search the system a talents and their research projects for the summer.	iccording to their needs and look for the best match of you
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Notice to all applicants:	
t is your responsibility to ensure that all of the above information	on 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









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 Le	etter				
Please upda	te the fields be	elow so that they correctly re	eflect your name, p	phone number and addre	ess.
Name:	Dr. 💌	Pat	3	Davis	•
	Title	First Name	MI	Last Name	
Address:	1635 14th	n St. NW, Washington, D	C 20012	•	
Phone:	(202) 555	-0831	Theory is a designation of the second of the		
Please includ	de your name,	academic rank, departmen	t and institution in	your signature block.	
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Submit







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.

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:

- Review the NIH Academy program description and "Frequently Asked Questions" before beginning your online application.
- 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.
- 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:

- Candidates must be U.S. citizens or permanent residents and intend to apply to graduate or medical school
 within the next year.
- 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.
- 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.

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E-mail Address:	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:	Annual Control
Permanent Home Phone:	• Format: (999) 999-9999
Citizenship Status:	US Citizen •
	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:	
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Education Plans:	or
	Note: Please indicate the degree you plan to pursue after completing your time at NIH.
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Course Title	Grade

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.

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5. References				
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7. Cover Letter:

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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)	
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Career development/opportunities workshop	
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From a mentor or advisor	
From an alumnus/alumna of the program	
NIH representative visited school	
Other; please specify:	
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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.

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:

- Review the NIH Academy program description and "Frequently Asked Questions" before beginning your online application.
- 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.
- 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:

- Candidates must be U.S. citizens or permanent residents and intend to apply to graduate or medical school within the next year.
- 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.
- Candidates for the NIH Academy Program must have graduated with their first Bachelor's degree from a fully
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 words, individuals generally must apply during their senior year.

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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









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.

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Submit







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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- 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.

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IMPORTANT NOTE: All fields on your application must be completed by January 31, 2009 (midnight, Eastern Standard Time). Applications that are incomplete after the 1/31 deadline will not receive further consideration.

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- Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses
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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.
- 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.
- 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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 within the next year.
- 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.
- Candidates for the NIH Academy Program must have graduated with their first Bachelor's degree from a fully
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4. CV/Resume

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The NIH Academy and Postbaccalaureate IRTA program applications require separate cover letters. (See the

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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 obsolv box above 1 you would also like to apply for the Postbaccalaureate IRTA training Locations would also like to apply for the 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 came NChabs Steiners MD read Nik laseans all NDA lases Steiners MD read Nik laseans all NDA lases Research Transfe Pass Readens N NDDR: Descrit MD read readens in NDDR: Descrit MD reader postors in NDDR: At in a side intitic journal (Nature, Science); please select all that apply;) At in a student journal; please specify: At in a student journal; please specify: Career development/opportunities workshop Filer	7. Cover Letter:	aalth
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Save Partial Application & Quit

From a mentor or advisor		
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Other; please specify:		
Notice to all applicants: t is your responsibility to ensure that all of the above information is correct. Fa his application may be grounds for denying your candidacy or removing you f		intained in

About Us | Privacy | Comments

Preview Completed Application



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.
- 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 31, 2009 (midnight, Eastern Standard Time). Applications that are incomplete after the 1/31 deadline will not receive further consideration.

Tips for Applying Successfully:

- Review the NIH Academy program description and "Frequently Asked Questions" before beginning your online application.
- 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.
- 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.
- 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:

- Candidates must be U.S. citizens or permanent residents and intend to apply to graduate or medical school
 within the next year.
- 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.
- 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

^{vame:} Mr.

	First	MI	Last	
Month/ Day of Birth:	(mm/dd) ● (mm/dd)			
E-mail Address:	To obtain a free e-mail add	ress, click here	• Forma	t: user@server.com
Preferred Telephone Number:		• Format: (9	99) 999-9999	
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2. Academic Information				
Current School (or last school attended):			•	
Current Cumulative GPA:	•			
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Education Plans:		or		•
	Note: Please indicate the d	egree you plan to	pursue after comp	leting your time at NIH.
3. Coursework and Grades Please enter all the courses yo taking or in which you will enro	all during your final semester	your science cour . As you receive (rses, Also enter any grades for these co	/ courses you are currently ourses, add them here
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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.

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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.









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.

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Submit









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:

- 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
- 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.

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- 1. Review the "Program Brochure" and "Frequently Asked Questions" before beginning your online application.
- 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.
- 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.
- Complete your application as soon as possible and encourage your references to submit their letters promptly using the electronic system.
- 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.
- 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

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If accepted to participate in the CRTP, fellows are required to submit an official medical, dental, or osteopathic school transcript. The grades entered into the electronic application are for evaluation purposes only.

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If accepted to participate in the CRTP, fellows are required to submit an official medical, dental, or osteopathic school transcript. The grades entered into the electronic application are for evaluation purposes only.

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6. Reference

Reference 1:

Please provide contact information for the Dean of Student Affairs, who must provide a supporting letter of recommendation that indicates your student status and also approval of your participation in the CRTP.

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Home > Student

Clinical Research Training Program

Modify Application Tool

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

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National Institutes of Health
Building 10/Room 1N248
Bethesda, MD 20892-1158

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Phone:

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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

Clinical Research Training 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.

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Please upda	ite the fields b	elow so that they correctly r	eflect your name, p	phone number and address	ess.
Name:	Dr. ▼	Pat	And in the company control of the co	Davis	
	Title	First Name	MI	Last Name	
Address:	1635 14ti	h St. NW, Washington, D	C 20012	•	
Phone:	(202) 555	5-0831		•	
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Submit







Home > Student

Technical IRTA Fellowship Program

Program Application

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

<u>Instructions</u>: 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:

- 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	
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	First MI Last
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6. Research Interests

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7. Cover Letter:			
Include your research interests, career goals, and reasons	s for applying for traini	ng at the NIH.	
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Ad in a student journal; please specify:			
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Career development/opportunities workshop			
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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.

Preview Complete Application







Home > Student

Technical IRTA Fellowship Program

Modify Application Tool

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

<u>Instructions</u>: 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:

- 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	
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	First MI Last
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Month/ Day of Birth:	● (mm/dd)
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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.







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.

Please upda	ate the fields b	elow so that they correctly refle	ct your name, p	phone number and addre	ess.
Name:	Dr.	Pat		Davis	
	Title	First Name	MI	Last Name	
Address:	1635 14th	n St. NW, Washington, DC 2	20012	•	
Phone:	(202) 555	-0831			
Please inclu	de your name,	academic rank, department a	nd institution in	your signature block.	
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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.
- 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:	Mr. 🕶		
	First	Mi	Last
Month/ Day of Birth:	/	d)	
E-mail Address:	To obtain a free e-mail addre	ss, click here	● Format: user@server.com
PermanentAddress:			•
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School Grading Scale:	3		

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.

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

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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.

Preview Complete Application







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

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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.
- Candidates must be U.S. citizens or permanent residents.
- 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:	Mr.		1		•
	First	energenia, et et en	MI	Last	er en
Month/ Day of Birth:	•	(mm/dd)			
E-mail Address:	To obtain a free e-mail	address, click	here	•	Format: user@server.com
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Medical Entity/Disease:	
I would like to be considered for the follow	vina Institute/Center:

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.

Preview









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 L	etter				
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Address:	1635 14th	n St. NW, Washingtor	n, DC 20012	•	
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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:

- 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.
- 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)

1. Personal Informatio	on	•
Name:	Mr. Mr.	
	First MI Last	
Month/Day of Birth:	• (mm/dd)	
E-mail Address:	To obtain a free e-mail address, click here	ormat: user@server.com
Permanent Address:		
City:	The second control of	
State:	Candidates from the international communit	y should enter NA in this field
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Previous Research Experience at NIH:		
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Student's Address at School:		
		
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Student's Telephone Number at School:	Format: (999) 999-999t)
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	Note: If you select 'Other', please explain in Section 3, C describe your school's grading scale and your current cu scale.	oursework and Grades. Be sure to mulative average relative to that
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)

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Once your application is complete, an e-mail will be automatically sent to this reference requesting an approval to participate in the elective program.

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

A letter of recommendation is required from a member of the medical or dental school faculty.

Name:	Mr.	First	MI	Last		•
Address:			 			
Phone:						
E-mail:			***************************************	● For	mat: user@serv	/er.com

Once your application is complete, an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

- If you apply for multiple electives with the same start date, you will be limited to only one
 acceptance
- If you apply for multiple electives with different start dates, you may be accepted for several different rotations
- 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:	Select An Elective	Start:	Select An Elective
Second Choice			
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Third Choice			
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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.



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Clinical Electives Program

Clinical Electives Program Application Modification

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

<u>Instructions:</u> Before you begin, you may want to review some <u>helpful hints</u> on using electronic forms and a statement about <u>privacy</u>. 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

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- 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.
- 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:

- 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.
- 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)

. Personal Information	on
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;
	I. CHRAIGH ASSAULT
	Country of Citizenship Alien Registration No
Previous Research Experience at NIH:	No 💌
. Academic Informat	· ion
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:	
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.
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^{3.} Cover Letter Include your research interests, career goals, and reasons for applying for training at the NIH. (Max. 15,000 characters)

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

A letter of recommendation is required from a member of the medical or dental school faculty.

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10 Center	Drive, MSC 1158				
Betnesda,	MD 20892-1158				
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Elective:

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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Start: Select A Start









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.

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Please upda	te the fields be	elow so that they correctly re	flect your name,	phone number and address.	
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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:

- 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)
- 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!

. Personal Informatio	n							
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	First		MI	Last				
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'lease make my appli ear's Research Festi	cation available for r	eview by NIH in	vestigato	rs if I a	m not ch	osen to p	participate in	:hi

2. Research Information

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ou may post my abstract on the OITE website after the Festival concludes: Ote: Your answer to this question will not affect the likelihood of your being selected to participate in the Festival.) Curriculum Vitae use follow a standard c.v. format. However, do not record your publications in this section. Record them instead in Section 4, Publications

4. Publications

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se ask your dissertation advisor to prepare a letter of recommendation for you. In addition to discussing your past performance and future arch potential, your advisor should indicate the date by which helpha expects you to have completed your degree efter of recommendation will be expected from Name: Mr. First Ml Last Address: Phone: First Ml Last Address: Phone: First Ml Last Address: Phone: Format: user@server.com Ce your application is complete, an e-mail will be automatically sent to this reference requesting an onter of recommendation. In submission of your application, you will receive an e-mail message confirming receipt of your materials and containing login lentials and directions for modifying your application. This information will also enable you to determine whether your letter of rence has been received. NOTE: (1) If you do not receive a confirmation e-mail, you should assume that your application has not been cessfully transmitted; (2) It is your responsibility to ensure that your dissertation advisor submits a letter on your behalf. Research Topics Major Research Approach: Research Approach: Research Approach: Research Approach: Ad in a student journal; please specify: Ad in a meeting program	ase use this section to discur ning. You may also draw atte n as: exceptional contribution or barriers (scientific or other	ention to any items from y ins of vour Ph D-research	our past that NIH inves	tigators should	consider specifical	y in evaluating your app	lication,
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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









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National Graduate Student Research Festival

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 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)
- 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!

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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.

National Graduate Student Research Festival - Online Application

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

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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

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