# POSTBACCALAUREATE IRTA PROGRAM

**PROGRAM APPLICATION**

OMB No. 0925-0299
Expiration Date 9/30/2012
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. If you are applying to the Postbac IRTA program, review the Postbac IRTA program description and "Frequently Asked Questions" before beginning your online application. If you are applying to the NIH Academy, 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.
6. NOTE: There is no deadline for applying to the Postbac IRTA program; applications are accepted on a rolling basis. If you are

applying to the NIH Academy, you must complete all fields on your application by **January 7, 2011** (midnight, Eastern Standard Time). Applications that are incomplete after the 1/7 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 **January 28, 2011**.

**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 Bachelors 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!

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**1. Personal Information**
You must enter this information if you wish to save your application.

**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 Phone Number:** [                    ] ● Format: (999) 999-9999

**Personal Information - Continued**

**Permanent Address:** [                                        ] ●
[                                        ]

**City:** [                                        ] ●

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

**Zip Code:** [                    ] ●

**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:** [ ⬍ ] 🔸

**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.

[                                                                                    ] 🔸

## 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:** [ Mr. ⬍ ] [                    ] [        ] [                    ] 🔸

First                          MI          Last

**Address:**  ⬤

**Phone:**  ⬤

**E-mail:**  ⬤ Format: user@server.com

**Reference 2:**

**Name:** [Mr. ▾]  [            ]  [      ]  [                  ] ⬤
First           MI      Last

**Address:**  ⬤

**Phone:**  ⬤

**E-mail:**  ⬤ Format: user@server.com

**Reference 3:**

**Name:** [Mr. ▾]  [            ]  [      ]  [                  ] ⬤
First           MI      Last

**Address:**  ⬤

**Phone:**  ⬤

**E-mail:**  ⬤ Format: user@server.com

**6. Research Interests**

6a. Areas of Scientific Interest:

1. [                                          ▾]

2. [                                          ▾]

3. [                                          ▾]

6b. Medical Entity/Disease:

1. [                              ▾]

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.**

☐ 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)

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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: [                    ]

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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.

Save Partial Application & Quit     Preview Completed Application

Office of Intramural
**TRAINING&**
**EDUCATION**
*build your career, shape the future*

NATIONAL INSTITUTES OF HEALTH | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
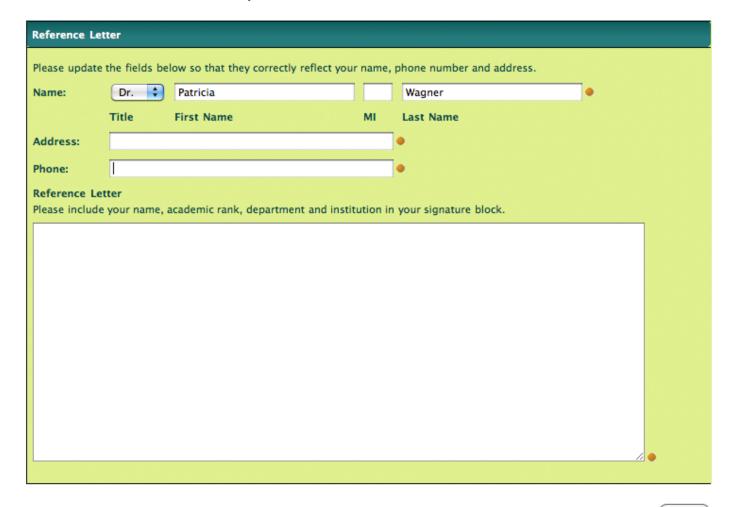
GO

.:| **home**

# POSTBACCALAUREATE IRTA PROGRAM

LETTER OF RECOMMENDATION FOR DR. PATRICIA WAGNER

OMB No. 0925-0299
Expiration Date 9/30/2012
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 button below to submit your letter.**

## Reference Letter

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

Name:  [ Dr. ⇅ ]  [ Patricia ]  [ ]  [ Wagner ]  ●

Title          First Name          MI     Last Name

Address:  [ ]  ●

Phone:  [ | ]  ●

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

[ text area ] ●

Submit

**Burden Disclosure Statement for Applicants –**
Public reporting burden for this collection of information is estimated to average 45-minutes for the application and 45-minutes for the supplemental material 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.

**Burden Disclosure Statement for References –**
Public reporting burden for this collection of information is estimated to average 15-minutes 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.