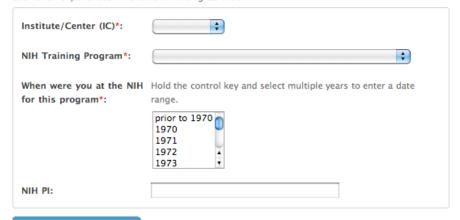


Honorary Title:	
First Name*:	
Middle Name:	
Last Name*:	
Street:	
City:	
State:	•
Zip:	
Country:	•

Phone Number:	
Permanent E-mail*:	e.g., gmail, hotmail
Confirm Permanent E-mail*:	
Password*:	
Verify Password*:	

#### NIH History:

Please tell us about any time that you have spent at the NIH. List your most recent experience first and list all experiences in reverse chronological order.

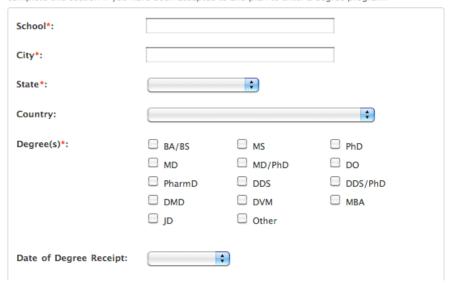


# Add NIH Information

Current Status\*:

## Education:

Please tell us about your education. List your highest or most recent degree first. Please also complete this section if you have been accepted to and plan to enter a degree program.



Major/Option/Program:	If applicable
Current Institution:	I am currently enrolled at this institution
Delete	

# Add Education Information

# Employment:

If you have accepted a postdoc or job offer, or are currently employed, please complete this section. If you have held multiple positions, please list them in reverse chronological order.

you have held multiple position	ons, prease list them in reverse chronological order.
Organization*:	
Department:	
City*:	
State*:	•
Country:	•
Job Title/Function*:	
Annual Salary:	
Description of Bonus/Benefits:	
Additional Comments:	
Employment Sector:	Academic - Research University  Academic - University, primarily teaching  Academic - Community College  Communications  Consulting  Government - Federal  Government - State  Government - Other  Healthcare  Industry  Non-profit - Funder  Non-profit - Public Health  Professional Organization  Science Policy  Writing/editing
Current Institution:	☐ I am currently employed by this institution

Dates of Employment\*:

Hold the control key and select multiple years to enter a date range.

prior to 1970 1970 1971 1972 1973

Delete

#### Add Employment Information

Networking Contact\*:

Are you willing to serve as a networking contact for NIH trainees? We anticipate that they might seek your advice on career planning, the graduate/professional school application process, the job search process, or your particular position? Please note that only your name, place of employment/education, your NIH trainee status, and your preferred method of contact will be displayed if you choose to volunteer as a networking contact.

Note: By clicking yes, you are authorizing OITE to include you in the searchable database. By clicking no, you will not be included in any

search results provided to the public.

O Yes O No

Career Counselor Contact\*: Would you be willing to be a contact for career counselors in the Office of Intramural Training & Education at the NIH or OITE staff organizing training events?

O Yes O No

Contact Method:

What is your preferred method of contact

● E-mail ○ Phone

**Submit Registration** 

Cancel

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## **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 -

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