

[home](#) [for prospective applicants](#)

BIOMEDICAL ENGINEERING SUMMER INTERNSHIP PROGRAM

OMB No. 0925-0299

Expiration Date 9/30/2012

[Respondent Burden](#)

PROGRAM APPLICATION

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

If you wish to MODIFY a submitted application, please go to the [BESIP home page](#) and click on the link for Modify Existing Application. A list of projects and mentors for previous BESIP Programs can be found at the [BESIP web site](#). Mentors and projects for Summer 2011 will be available by February for the Summer 2011 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 2011 summer program starts and will be returning to their undergraduate school for at least one additional semester after the 2011 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 11, 2011** (midnight, Eastern Standard Time). Applications that are incomplete after the 2/11 deadline will not receive further consideration.

1. Please read "[Application Information](#)" before beginning to complete your online application.
2. Be sure that the e-mail addresses you provide for your references are accurate. Incorrect e-mail addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac

users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.

4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and encourage your references to submit their letters promptly using the electronic system.
6. The deadline for receipt of completed applications is **February 11, 2011** (midnight, Eastern Standard Time). Applications that are incomplete after the 2/11 deadline will not receive further consideration. Be sure that your letters of recommendation are submitted online by **February 11, 2011**.
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

You must enter this information if you wish to save your application.

Name: ●
First MI Last

Month/Day of Birth: / ● (mm/dd)

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

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

Password: ● ?

Personal Information - Continued

Permanent Address: ●

City: ●

State: ● (DC for Washington D.C.)

Zip Code: ●

●

If Permanent Resident:

Citizenship Status:
Country of Citizenship Alien Registration No.

Previous Research Experience at NIH (Programs completed):

●

Relative at NIH: Yes No

If yes, relative employed by:

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

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

2. Academic Information

School Name:

Preferred Mailing Address:

City:

State: (DC for Washington D.C.)

Zip Code:

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

Current Education Level:

Year at Current Level:

Anticipated Graduation Date:

Current Cumulative GPA:

School Grading Scale:

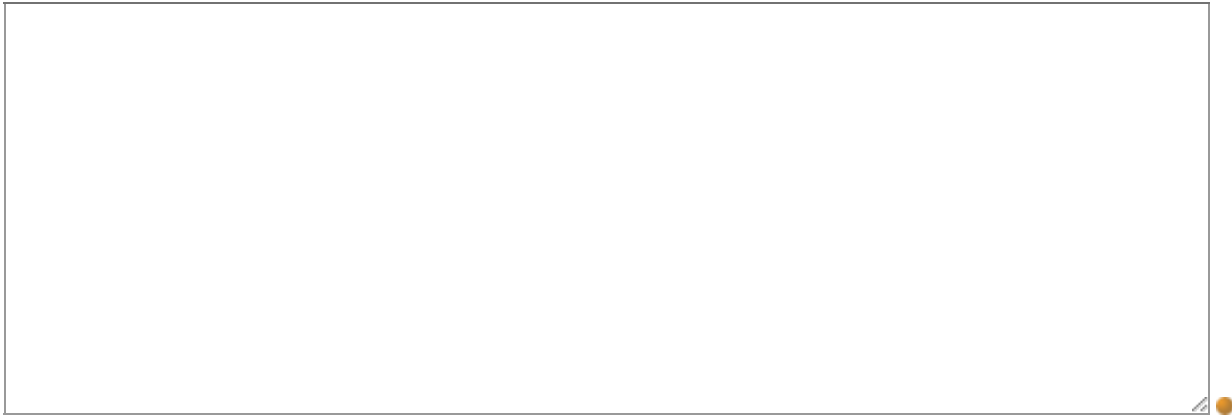
Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

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

Academic Major: or

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

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.



Summer Internship Program (SIP)

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

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

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

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

7. Areas of Scientific Interest:

1.

2.

3.

8. Medical Entity/Disease:

1.

2.

3.

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

Notice to all applicants:

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

[Save Partial Application & Quit](#)

[Preview Completed Application](#)

BIOMEDICAL ENGINEERING SUMMER INTERNSHIP 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:

Title First Name MI Last Name

Address:

Phone:

Reference Letter

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

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.