

HOME

CREATE AN NIH ALUMNI DATABASE ENTRY

OMB No. 0925-0299

Expiration Date 9/30/2012

[Respondent Burden](#)

Thank you for taking the time to create an entry for yourself in the NIH Alumni Database. This is a new venture for the NIH Office of Intramural Training & Education (OITE) and we have big plans.

You may be wondering why you should take the time to **complete the brief form below today and keep your entry up to date in the future**. Here are several reasons:

- First, what's in it for YOU? Networking! You will be helping to create a searchable database of potential colleagues that you can mine to meet your own needs and those of your students and friends. But, in addition
- The OITE invites former NIH trainees to speak at events like the Career Symposium and the National Graduate Student Research Festival. The success of those ventures depends on our keeping in contact with a diverse group of NIH alumni that could include you.
- Applicants to NIH training programs often want to know where program participants go next. Where do NIH postbacs go to graduate or professional school? Where do NIH postdocs find jobs? You can help us provide those data.
- If you wish, you can become part of a worldwide network of NIH alumni who are willing to answer current trainees' questions about schools and jobs.

Database Rules:

- Information that you enter into the database will be made public e.g., to applicants to NIH programs or in publications describing NIH programs, only in the aggregate; no personally identifiable information will be published.
- Your personally identifiable information (see below) will be included in the searchable database only if you authorize the OITE to include it. You can change your mind at any time.
- Only former NIH trainees with entries in the Alumni/ae Database, current NIH trainees, and NIH staff will be able to search the Database.
- You can update your educational and/or employment history and preferences at any time.

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.

Institute/Center (IC)*:	<input type="text"/>
NIH Training Program*:	<input type="text"/>
When were you at the NIH for this program*:	Hold the control key and select multiple years to enter a date range. <input type="text" value="prior to 1970"/> 1970 1971 1972 1973
NIH PI:	<input type="text"/>

[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.

School*:	<input type="text"/>
City*:	<input type="text"/>
State*:	<input type="text"/>
Country:	<input type="text"/>
Degree(s)*:	<input type="checkbox"/> BA/BS <input type="checkbox"/> MS <input type="checkbox"/> PhD <input type="checkbox"/> MD <input type="checkbox"/> MD/PhD <input type="checkbox"/> DO <input type="checkbox"/> PharmD <input type="checkbox"/> DDS <input type="checkbox"/> DDS/PhD <input type="checkbox"/> DMD <input type="checkbox"/> DVM <input type="checkbox"/> MBA <input type="checkbox"/> JD <input type="checkbox"/> Other
Date of Degree Receipt:	<input type="text"/>

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.

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.

Yes 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?

Yes No

Contact Method: What is your preferred method of contact

E-mail Phone

Submit Registration

Cancel



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.