

CREATE AN NIH ALUMNI DATABASE ENTRY

OMB No. 0925-0299

Expiration Date 03/31/2014

[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.*, in publications describing NIH programs, only in the aggregate; no personally identifiable information will be published outside of this system.
- 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 Alumni Database account-holders, 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)*:

NIH Training Program*:

When were you at the NIH for this program*: Hold the control key and select multiple years to enter a date range.

NIH PI:

Add NIH Information

Member of: During my time at the NIH, I was a member of (check all that apply)

- FelCom (The NIH Fellows Committee)
- The GSC (Graduate Student Council)
- The Postbac Committee

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 <input type="text"/> |
| Current Institution: | <input type="checkbox"/> 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*: | <input type="text"/> |
| Department: | <input type="text"/> |
| City*: | <input type="text"/> |
| State*: | <input type="text"/> |
| Country: | <input type="text"/> |
| Job Title/Function*: | <input type="text"/> |
| Annual Salary: | <input type="text"/> |
| Description of Bonus/Benefits: | <input type="text"/> |

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.

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.

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

Event Speaker*:

I would be interested in speaking at a future career development event.

Yes No

Enter the phrase seen here:



[Download the audio file](#) to play with your preferred media player application.

Regenerate Image

Submit Registration

Cancel



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RESPONDENT BURDEN

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Statement for Applicants/Registrants

Public reporting burden for this collection of information is estimated to average 60–minutes per submission, including the time for reviewing instructions, frequently asked questions, and entering data in the form fields. 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.

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. 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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PRIVACY ACT NOTIFICATION STATEMENT

MESSAGE

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The primary use of information collected via the Office of Intramural Training and Education (OITE) online forms is to evaluate an applicant's qualifications for research training at the National Institutes of Health (NIH). Information may be used during admission consideration; in preparing appointment paperwork; and to provide data for training program evaluation. Information will be disclosed to investigators, members of advisory committees, OITE staff, and contractors working on our behalf. 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 the OITE to process an application, the applicant must complete the required fields.

The legal authority granted to NIH to train future biomedical scientists comes from several sources. Title 42 of the U.S. Code, Sections 241 and 282(b)(13) authorize the Director, NIH, to conduct and support research training for which fellowship support is not provided under Part 487 of the Public Health Service (PHS) Act (i.e., National Research Service Awards), and that is not residency training of physicians or other health professionals. Sections 405(b)(1)(C) of the PHS Act and 42 U.S.C. Sections 284(b)(1)(C) and 285-287 grant this same authority to the Director of each of the Institutes/Centers at NIH.

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