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

.:: **home**   .:: **for prospective applicants**

SUMMER INTERNSHIP PROGRAM

OMB No. 0925-0299
Expiration Date 03/31/2014
Respondent Burden

The Community College Summer Enrichment Program (CCSEP) uses the Summer Internship Program (SIP) application for selection of students for participation.

PROGRAM APPLICATION

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

Eligibility Criteria:
1. Candidates must be sixteen years of age or older at the time they begin work at the NIH.
2. Candidates must be U.S. citizens or permanent residents.
3. U.S. citizens are eligible to apply if they are enrolled at least half-time in high school or in an accredited college or university as an undergraduate, graduate, or professional student. Students who have been accepted into an accredited college or university program may also apply.
4. Permanent residents must be enrolled in or have been accepted into an accredited institution **in the U.S.** to be eligible.

Application Tips:

This form allows you to save a partially completed application. To take advantage of this feature:

- Enter as much information into the form as you would like. Note that you must complete certain fields--Name, E-mail Address, Month/Day of Birth, and, Phone--in order to save a partial application.
- Press "Save Partial Application & Quit" to save the information you have entered thus far. You will have to return later to complete your application.
- When you first submit your partial application, you will receive an e-mail message containing instructions for accessing the online tool that allows you to review, modify, and complete your application.

Only **completed** applications are available for review by NIH investigators and administrators; partial applications are **not** accessible by NIH investigators. 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 select the "Save" button on the Preview page.**

IMPORTANT NOTE: The deadline for receipt of completed applications is **March 1, 2013** (11:59 p.m., Eastern Standard Time). Applications that are incomplete after the March 1 deadline will not receive further consideration.

1. Please read the "Summer Internship Program page" and ""SIP 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 appear as you intend, 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 early as possible and ensure that your references submit their letters promptly using our online system.
6. Letters of recommendation are due no later than **March 15, 2013**, at 11:30 pm EDT. We will not accept letters after that time.
7. Please address questions to Debbie Cohen at cohend@mail.nih.gov.

● Indicates a required field.   ❓ Indicates a help button.

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

Name: | Mr. ↕ | [   ]   [   ]   [   ]   ●
            Prefix   First   MI   Last

* Month/Day of Birth: [   ] / [   ]   ● (mm/dd)

* Applicants must be 16-years of age or older to participate in this program.

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

E-mail Address: [   ]   ● Format: user@server.com

To obtain a free e-mail account, click here

Personal Information - Continued

Permanent Address: [   ]   ●
                         [   ]

City: [   ]   ●

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

Zip Code: [   ]   ●

Citizenship Status: [US Citizen ↕]   ●

Previous Research Experience at NIH (Programs completed):   [None ↕]

Relative at NIH/FDA: ○ Yes ⦿ No   ●   Help: Definition of "relative"

If yes, enter the Name and Institute/Center of each Relative (please list all):

[   ]

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.

☐ 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)

☐ Phoenix, AZ (limited positions in NIDDK)

☐ Detroit, MI (limited positions in NICHD)

☐ Framingham, MA (limited positions in NHLBI)

2. Academic Information

School: [   ]

State in which your school is located: [   ] ● (DC for Washington D.C.)

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: [▼] ●

Current Cumulative (Unweighted) 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 [   ] ●

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

4. CV/Resume
Copy and paste a plain text version of your curriculum vitae or resume into this space. Some 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
Prefix   First   MI   Last

Address:

Phone:

E-mail: Format: user@server.com

Reference 2:

Name: Mr. ⬍   First   MI   Last
Prefix   First   MI   Last

Address:

Phone:

E-mail: Format: user@server.com

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.

The NIH is committed to maintaining its stature as a premiere research institution by building an inclusive workforce, fostering an environment that respects the individual, and offering an opportunity for each person to develop his or her full potential in the pursuit and support of science. We welcome trainees of all genders, races, ethnicities, physical abilities, and socioeconomic backgrounds. If you have unique circumstances, or come from a disadvantaged background, please include this information in your cover letter.

7. Areas of Scientific Interest:

1. [▲▼]
2. [▲▼]
3. [▲▼]

8. Medical Entity/Disease:

1. [▲▼]
2. [▲▼]
3. [▲▼]

9. Preferred Institute/Center (IC) or Program:

If you already know the IC in which you wish to work (for example, if you are a returning student) or are applying to a special program, please select the appropriate item from the drop-down list. Note: **If you want your application to be considered by investigators in more than one IC, please leave this section blank.**

[CCSEP (Application deadline: January 15, 2013) ▲▼]

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: [_____]

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.

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Save Partial Application & Quit | Preview Completed Application

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SUMMER INTERNSHIP PROGRAM
LETTER OF RECOMMENDATION FOR MR. TEST-PATRICIA TEST-WAGNER

OMB No. 0925-0299
Expiration Date 3/31/2014
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: Mr. ◆   REF1-Firstname   REF1-Lastname   ●

           Title   **First Name**   **MI**   **Last Name**

Address: REF1-Address   ●

Phone: (111) 111-1111   ●

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

Submit

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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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