TRAINING PROGRAM SCREEN SHOTS

Clinical Electives Program

Public reporting burden for this collection of information is estimated to average 20 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-xxxx). Do not return the completed form to this address.

Clinical Electives Program Application

Instructions: Before you begin, you may want to review a statement about privacy.

After you fill out the application form below, press the [Save] button at the bottom of this page to resume your application later. You MUST Press the [Submit] button to complete the application process.

Eligibility Requirements for the NIH Clinical Electives Program
In order to be eligible to apply for a clinical elective at the NIH, **you must meet the following requirements**:
1. You must be a U.S. citizen, resident alien, or a foreign citizen entering the U.S. on a B1 visa for business or a WB visa.
2. You must be in good standing in your medical or dental school.
3. You must enter all of your medical or dental school grades as Pass/Fail or by a letter grade.
4. You must have your school's written approval to participate. Letters submitted in your application must be from your Dean of Student Affairs (or equivalent) and a faculty member familiar with your scholastic ability. Letters must indicate Dean's and Faculty member's title and mailing address.
5. If you are currently enrolled in or attending a school that is not 1) an LCME-accredited medical school in the United States or Canada, or 2) an accredited school of osteopathic medicine in the United States, or 3) a CODA/ADA-accredited dental school in the United States, then you must provide evidence of proficiency in communication skills either in the form of an internet based TOEFL (IBT) score or a documented passing grade on the USMLE Step 2 Clinical Skills Exam. For the (IBT) examination, the minimally acceptable scores are as follows:
    * minimum total score of 108
    * minimum score on listening subsection of 28
    * minimum score on speaking subsection of 28
6. You must have completed core clerkships in surgery, internal medicine and pediatrics, prior to submission of your application. Your transcript or mark sheet must indicate the grades or marks you have achieved for your clerkships. Only if you are accepted will you be required to submit the following documentation:
    * Written documentation of a negative Mantoux test (intermediate strength PPD) within 12 months prior to your arrival at the NIH or, for individuals with a positive Mantoux test, a chest X-ray report within the past 12 months.
    * Written documentation of a diphtheria/tetanus booster within the past 10 years.
    * Written documentation of recent immunization with Rubella vaccine.
    * Written documentation of recent immunization with Varicella vaccine.
    * Documented proof of immunization or recent immunization with Influenza A and B.
    * It is strongly encouraged that you have begun or completed your Hepatitis B vaccine.

In addition, **if you are accepted, your school must provide the following:**
1. Professional liability insurance coverage of $1,000,000 individual/$3,000,000 in the aggregate, in U.S. dollars, that would cover you on your elective in the U.S. By signing the NIH/School

---

NIH/School agreement, the school confirms they provide this coverage. If you have met all other requirements listed above, you can purchase sufficient professional liability coverage if your school cannot provide it. It is recommended that students wait to purchase these policies until and if they have been officially accepted to participate.
2. Personal health coverage during your elective at the NIH. By signing the NIH/School agreement, the school confirms they provide this coverage. If you have met all other requirements listed above, you can purchase sufficient personal health coverage if your school cannot provide it. It is recommended that students wait to purchase these policies until and if they have been officially accepted to participate.

Note: Applicants who cannot meet all of the above eligibility requirements will not be considered for an NIH Clinical Elective. Medical students from U.S. and Canadian LCME accredited schools, Dental students from CODA/ADA-accredited schools, and Osteopathic students from AOA accredited schools will be given priority consideration for electives. Graduates of medical, dental, or osteopathic schools are ineligible to apply.
Notice to all applicants:
Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program. **Please contact Irena Malkovska (irena.malkovska@nih.gov) if you need assistance or have questions.**

Personal Information

Name: Mr. [ ] [First] [MI] [Last]

E-mail Address: [ ] Format: user@server.com
To obtain a free e-mail address, click here

Home Phone: [ ]

Permanent Address: [ ]

City: [ ]

State: N/A [ ]
Candidates from the international community should enter NA in this field

Permanent Zip Code/Postal Code: [ ]

Country/Region: United States [ ]

Citizenship Status: [ ]

If US Permanent Resident
[ ] [ ]
Country of Citizenship   Alien Registration No.

Previous Research Experience at NIH: No [ ]

Academic Information

Previous Research Experience at NIH : No [▼]

School Name :

Student Address at School :

City :

State : N/A [▼]
Candidates from the international community should enter NA in this field

Zip Code / Postal Code :

Country /Region : United States [▼]

Student's Telephone Number at School :

Year at Current Level : [▼]

Current Cumulative GPA : [▼]

School Grading Scale : [▼]
Note: If you select 'Other', please explain below in Coursework and Grades section. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Academic Test Scores : A. U.S. citizen applicants enrolled in medical school outside of the U.S. are required to provide USMLE Step 2 CS. Please provide the date of your examination and a copy of your test scores below.

USMLE Step 2 CS – date examination passed [▼] (Month) [▼] (Year)   📎 Click here to attach a file
(Copy of USMLE Step 2 CS)

B. Non-U.S. citizen applicants enrolled in medical school outside of the U.S. [with the exception of Canadian LCME schools] are required to provide their TOEFL score. Please indicate the format of your examination, your score, and a copy of your ETS form with the TOEFL Score. Applications will not be reviewed until the CEP office receives a copy of ETS form with the TOEFL score.

○ Internet-based TOEFL score: Total Score   Total score must be equal to or greater than 108 with a minimum score of 28 on the speaking and listening subsections.

English Speaking Section Score

English Listening Section Score

English Speaking Section Score

English Listening Section Score

📎 Click here to attach a file
(Copy of TOEFL Score)

C. For students born in the United Kingdom and enrolled in medical school in the United Kingdom, we will accept a letter from their medical School Dean confirming that the student's communication skills in the English language have been assessed and are at a level that the School believes is sufficient to permit the student to be involved in direct patient care activities. **Note: This only applies to students enrolled in a medical school in the United Kingdom.**

Month and Year Degree Expected:
(i.e. March, 2013)

📎 Click here to attach a file

📎 Click here to attach a file

Coursework and Grades:
Please attach a copy of your official transcript or mark sheet which Includes completed core clerkship grades and coursework currently in progress.

📎 Click here to attach a file

Reference (Name, Address, Phone, Email):
Please provide contact information for the Dean of Student Affairs or equivalent and faculty member providing letters. Letters and contact information must be from two separate individuals. The Dean of Student Affairs or equivalent must approve your participation in the Clinical Electives Program. **Letters must have official signatures.**

Dean of Student Affairs or equivalent -- letter of good standing is required

Name : Mr. ▼ [   ] [ ]
Address [   ]
Phone [   ]
E-mail : [   ]

Recommendation letter: A letter of recommendation from a member of the medical or dental school faculty or equivalent.

Name : Mr. ▼ [   ] [ ]
Address : [   ]
Phone : [   ]
E-mail : [   ]

Once your application is complete, an e-mail will be automatically sent to this reference requesting an online letter of recommendation.
1) If you apply for multiple electives with the same start date, you will be limited to only one acceptance
2) If you apply for multiple electives with different start dates, you may be accepted up to but no more than 3 rotations
3) If you apply for a research tutorial, you must specify the research area in which you have an interest and apply for the rotation most closely associated with your research area of interest.

Note: If you are unable to attach your official transcript or test scores above, they should be sent to:
Coordinator, Clinical Electives Program
Office of Intramural Training and Education
National Institutes of Health
Building 10, Room 1N-252
10 Center Drive, MSC 1158
Bethesda, MD 20892-1158

Electives

Electives
[It is preferred students start the 1st Monday of the month. However, if your school starts student electives at a different time, we will do our best to accommodate your request for an alternate start date.]

	Elective	Month/Session	Start Day
First Choice :	Select an Elective ▼	Select an Elective ▼	Any ▼
Second Choice :	Select an Elective ▼	Select an Elective ▼	Any ▼
Third Choice :	Select an Elective ▼	Select an Elective ▼	Any ▼

[Save] [Submit]

Graduate Medical Education

Graduate Medical Education
Residency and Subspecialty Training Application

Instructions: Before you begin, you may want to review a statement about privacy. After you fill out the application form below, press the [Submit] button to save your data and complete the application process. Your application information will be sent to . for consideration. You will receive a confirmation by e-mail. In addition to completing this form, please arrange to have letters of recommendation sent from three references who have direct knowledge of your scientific interests, abilities, and accomplishments. Be sure to enter their names and contact information in the spaces provided below and ask them to forward their written recommendations to the address listed in the announcement for this opening.

Personal Information

Name : Dr.

First Name   Middle Name   Last Name

E-mail :
Format : user@server.com
To obtain a free e-mail address, Click Here

Permanent Address :

City :

State:

Permanent Zip/Postal Code :

Citizenship Status: Select...

If US Permanent Resident

Country of Citizenship   Alien Registration Number

Phone Number :
Format : (999) 999-9999

Fax Number :

2. Qualifying Information

Cover Letter (max 4,000 characters)

Curriculum Vitae (max 15,000 characters)
Please include the following data in your CV: USMLE scores, if available, A copy of your ECFMG certificate (if applicable), Medical License, State, Number, expiration date
Board Certification (AP, AP/CP, year), Other certification

Publications
(max 1,000 characters)

Statement of Research Interests and Goals
(max 2,000 characters)

3. References
Please Supply the name and Contact Information for three Professional References

Name : Mr. [▼]

| First Name | Middle Name | Last Name |

Address :

Phone :   Format : (999) 999-9999

Email :   Format : user@server.com

Name : Mr. [▼]

| First Name | Middle Name | Last Name |

Address :

Phone :   Format : (999) 999-9999

Email :   Format : user@server.com

Name : Mr. [▼]

| First Name | Middle Name | Last Name |

Address :

Phone :   Format : (999) 999-9999

Email :   Format : user@server.com

Submit

Medical Research Scholars Program

Medical Research Scholars Program Application

Please read prior to completing your application.

There are two options on this application, save and submit. By pressing save, your application information will be saved for you to return and complete your application and submit at a later date. However, pressing save will not activate requests for letters of recommendation from your listed references.

If you prefer to have your references receive the requests prior to completing your application in its entirety, we recommend entering temporary responses in all fields and pressing submit to activate your requests for letters of recommendation. You may still return to your application at a later date to update your responses. The application system will allow changes to be made up until the deadline. You will need to press the submit button again once you have updated your information to ensure all updates have been retained.

Review of applications will begin after the deadline

Eligibility Criteria:
1. This program is intended for medical, dental, osteopathic, and veterinary students. Candidates must currently be enrolled in a medical school accredited by the Liaison Committee on Medical Education, a dental school that is accredited by the Commission on Dental Accreditation, an osteopathic school that is accredited by the American Osteopathic Association, or a veterinary medical college that is accredited by the American Veterinary Medical Association, Council on Education.
2. Candidates in double degree, e.g. M.D./Ph.D. programs are eligible to apply.
3. The Medical Research Scholars Program is designed for students who have completed their clinical rotations, i.e., third-year, but does not exclude students with strong research interests from applying prior to having completed their clinical rotations.
4. Candidates must be U.S. citizens or permanent residents.
5. Fourth-year students qualify to apply and participate in the Medical Research Scholars Program. However, accepted fourth-year students must defer graduation before participation.

1. Personal Information

Name : Mr. ▼ [First] [MI] [Last]	Permanent Home Phone : [____] 999-999-9999
E-mail Address : [____] Format : user@server.com To obtain a free e-mail address, click here	Preferred Phone Number: [____] 999-999-9999
Current Address: [____]	Cell Phone: [____] 999-999-9999
City: [____]	Citizenship Status: US Citizen ▼

	999-999-9999
City:	Citizenship Status: US Citizen ▾
State: Select... ▾	If Permanent Resident:
	_____ _____
	Country of Citizenship Alien Registration No.
Zip Code: _____	Previous Research Experience at NIH: None ▾

2. Academic Information

*School Name: (Select one school from the appropriate list)
Medical School:
_____ * ▾

Dental School:
_____ * ▾

Osteopathic School:
_____ * ▾

Veterinary School:
_____ * ▾

School Grading Scale: _____ ▾

Current Year of Medical, Dental, Osteopathic or Veterinary School: ___ * ▾

3. Coursework and Grades (List only your medical/dental/osteopathic/veterinary school grades)
For Core Rotations, please indicate (1) date completed; and (2) grade pending, if applicable

If accepted to participate in the MRSP, scholars are required to submit an official medical, dental, osteopathic, or veterinary school transcript. The grades entered into the electronic application are for evaluation purposes only.

📎 Click here to attach a file

📎 Click here to attach a file

As you receive grades for courses that you are currently taking or grades that are pending, please add those grades to your application. You will be able to modify your application until the application deadline, January 15th.

4. Undergraduate Transcript

📎 Click here to attach a file

5. Research Area(s) of Interest
(Limit: 100 characters).

_____

6. Type of Research you are Interested in Conducting (Select one or more)

☐ Basic
☐ Clinical
☐ Translational

7. Personal Statement
Include your research interests, career goals, reasons for applying and expectations of your participation in the program. (Limit to one page).

📎 Click here to attach a file

8. CV/Resume
Upload a plain text version of your curriculum vitae into this space. Minor reformatting may be necessary. Include education, brief relevant research experience, scientific publications, honors and awards, etc.

📎 Click here to attach a file

_____

9. References

9. References

For Reference 1, please provide contact information for the Dean of Student Affairs or equivalent, who must provide a supporting letter of recommendation that indicates your student status and also approval of your participation in the MRSP.

Reference 1:

Name: Mr. ▾ [   ] [   ] [   ]
                First   Middle   Last

Designation/Title: [   ]

Organization: [   ]

Phone: [   ] 999-999-9999

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

Reference 2:

Name : Mr. ▾ [   ] [   ] [   ]
                 First   Middle   Last

Designation/Title: [   ]

Organization: [   ]

Phone: [   ] 999-999-9999

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

Reference 3:

Name: Mr. ▾ [   ] [   ] [   ]
                First   Middle   Last

Designation/Title: [   ]

Organization: [   ]

Phone: [   ] 999-999-9999

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

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

☐ Flyer

☐ 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.

[Save]   [Submit]

Ph.D. Summer Course

Public reporting burden for this collection of information is estimated to average 20 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-xxxx). Do not return the completed form to this address.

National Institutes of Health Clinical Center
Clinical and Translational Research Course for Ph.D. Students Application

Application Instructions

Before you begin, you may review a statement about privacy.
Prior to submitting your application, you must have **the following information** requested in this application:
1. Biosketch (format)
2. Research Advisor's Contact Information

Note: Please be aware that we will contact your advisor using the contact information you provide to request your letter of recommendation. Therefore, please ensure that the information is accurate and that you submit your application in a timely manner

No applications will be accepted after the deadline. You MUST Press the [Submit] button to complete the application process

Eligibility Requirements

In order to be eligible to apply to this course, **you must meet the following requirements:**

You MUST Press the [Submit] button to complete the application process.

Eligibility Requirements

In order to be eligible to apply to this course, **you must meet the following requirements:**
1. Attend a U.S. graduate programs leading to a Ph.D. degree in the basic sciences
2. Have completed at least one year of graduate study by July 2013.
3. Currently pursuing first doctoral degree, and not dually-enrolled in a medical degree (MD-PhD) program.
4. Submit a completed application, biosketch, personal statement, and letter of recommendation from academic advisor.

Personal Information

Select ▼   *   *
Title   First Name   Last Name

Phone: _____ * (This information is for follow-up purposes only)

Email: _____ *

Academic Information

School Name: _____ *
School Address: _____
School City: _____
School State: ▼
School Zip Code: _____
Year at Current Level: Select... * ▼
Degree Expected (Month, Year): _____ *

Biosketch
Note: Please attach your biosketch using the **NIH biosketch format**.

Degree Expected (Month, Year): [   ]

Biosketch
Note: Please attach your biosketch using the **NIH biosketch format**.

📎 Click here to attach a file *

Personal Statement
Note: Please attach your personal statement with a maximum of 500 words.

📎 Click here to attach a file *

Academic Advisor Contact Information
Your advisor will receive an email requesting letter of recommendation once you have submitted your application

Select... ▼	[ ] *	[ ] *
Title	First Name	Last Name

Phone: [   ]

Email: [   ] *

Research Interests (up to 5)

[   ]

How did you hear about the course?

Select...

Resident Electives Program

Resident Electives Program Application

Instructions: Before you begin, you may want to review a statement about privacy. After you fill out the application form below, press the [Save] button at the bottom of this page to resume your application later. Press the [Submit Your Application] button to complete the application process.

Applicants are advised to apply a minimum of three months prior to the start date of the elective in which they would like to participate.

Eligibility Requirements for the NIH Resident/Fellow Electives Program

In order to be eligible to apply for a resident or fellow elective rotation at the NIH, **you must meet the following requirements:**

1. You must be currently enrolled in an ACGME-accredited residency training program, or
   You must be currently enrolled in a fellowship training program in the United States.
2. You must be in good standing in your residency or fellowship program.
3. You must have your program director's approval to participate. Accepted residents and fellows will receive a Program Letter of Agreement from the NIH program director accepting them. A fully executed PLA (signed by your program director, the NIH program director, and officials in the NIH Office of Clinical Research Training and Medical Education, Clinical Center) must be signed by all parties PRIOR TO THE START OF YOUR ROTATION. This document ensures that you are covered for professional liability and personal health insurance to satisfy the NIH. Please see below for specifics. For Residents, their sponsoring institution's Policy on Duty Hours and Supervision must be attached to the Program Letter of Agreement submitted to the NIH.
4. It is understood that the following immunizations will be up to date prior to the start of any rotation at the NIH:
   - A negative Mantoux test (intermediate strength PPD) within 12 months of any start date (or for individuals with a positive Mantoux test, a negative chest X-ray report within the past 12 months.)
   - A diphtheria/tetanus booster within the past 10 years.
   - Recent immunization with Rubeola vaccine.
   - Recent immunization with Varicella vaccine.
   - Recent immunization with Influenza A and B.
   - Recent immunization with Hepatitis B vaccine.

In addition, your training institution must provide the following:

1. Professional liability insurance coverage of $1,000,000 individual/$3,000,000 in the aggregate that will cover you on your rotation at the NIH. By signing the NIH/Program Letter of Agreement your training institution confirms they provide this coverage. If your training institution does not provide professional liability coverage at this specified level of coverage, you will need to purchase a policy that will cover you.

2. Personal health coverage for you during your rotation at the NIH. By signing the NIH/Program Letter of Agreement, your training institution confirms they provide this coverage, along with salary and benefits. If you have met all other requirements listed above but your training institution does not provide personal health insurance coverage for you, you can purchase sufficient personal health coverage on your own.

Note: Applicants who cannot meet all of the above eligibility requirements will not be considered for an NIH elective rotation.

1. Personal Information

Name   Dr. [   ] * [   ] [   ] *
             First Name   MI   Last Name

Degree   Select... ▾

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

Current Home Address   [   ]

City   [   ]

State   [   ] ▾

Zip code   [   ]

Home Phone Number   [   ]

Mobile Phone Number   [   ]

Current PGY Level   [   ] ▾

Citizenship Status   [   ] ▾

If Permanent Resident:

[   ]   [   ]

Country of Citizenship   Green Card/Alien Registration Number

I am on an ECFMG sponsored J-1 visa: Yes ○   No ○

I am on an H-1 visa: Yes ○   No ○

Other (Please specify):   [   ]

Previous Research Experience   [   ] ▾
at NIH

2. Residency/Fellowship Information

at NIH

2. Residency/Fellowship Information

○ I am a current resident in an ACGME-accredited residency training program.

○ I have completed an ACGME-accredited residency and I am now a fellow.

Specialty or Subspecialty Program	[▼]
Sponsoring Institution/Hospital	[ ]
Address of Sponsoring Institution/Hospital	[ ]
City	[ ]
State	[▼]
Zip Code	[ ]

3. Cover Letter (Briefly explain your interest in applying for a residency/fellow elective at the NIH) (max 4,000 characters)

📎 **Click here to attach a file**

4. CV/Resume (upload resume here)

📎 **Click here to attach a file**

5. Program Director's Information:

Name	Dr. [ ] [ ] [ ]
	First Name MI Last Name
Title	[ ]
Specialty or Subspecialty Program	[▼]
Sponsoring Institution/Hospital	[ ]
Institution/Hospital Address	[ ]
City	[ ]
State	[▼]
Zip code	[ ]

Windows Internet Explorer

s://ocrtme.cc.nih.gov/rep/_layouts/OCRTME/ApplicationForm.aspx?XsnLocation=/rep/forms/Application.xsn ▼ 🔒 ↻ ✕ 🔍 Live Search

vorites   Tools   Help

Survey Form

be Advan... | 🖼 Application Form ✕ | 🌐 Project Information - ... | 🛡 USAJOBS - Search Jobs | 🖼 Internal information ... | 🌐 New Tab | 🏠 ▼ 🔊 ▼ 🖂 🖨 ▼ Page ▼ Saf

Office Phone	[ ]	Format : (999) 999-9999
Office Email	[ ]	Format : user@server.com

7. Elective Choices

	Elective	Month(s)	Start Day
First Choice :	Select an Elective ▼	Select a month(s) ▼	Any ▼
Second Choice :	Select an Elective ▼	Select a month(s) ▼	Any ▼
Third Choice :	Select an Elective ▼	Select a month(s) ▼	Any ▼

[Save]   [Submit Your Application]

Principles of Clinical Pharmacology

PRINCIPLES of
CLINICAL PHARMACOLOGY: ADMINISTRATION

Form Approved
OMB Number 0925-XXXX
Exp. Date XX/XX/2017

2013-2014

Course Set-Up   **Students**   Reports   Enter Attendance   Remote Sites   Discussions   FAQ   » Log Out

Student Registration Form

PCP Registration Form

- Complete the form below and click the Register button.
- Items in **RED** are required for processing your enrollment.
- Lectures will be held on **Thursdays, 6:30pm–7:45pm, at the Lipsett Amphitheater**

Student Information

*First Name: Middle Initial: *Last Name: Suffix:

*Degree(s):
- [ ] M.D.
- [ ] D.O.
- [ ] Ph.D
- [ ] R.N.
- [ ] Pharm. D.
- [ ] M.S.
- [ ] D.V.M.
- [ ] D.D.S.
- [ ] Other

If "Other", please specify (comma separate):

Position/Title:

Training Program (if applicable):

*Affiliation:
- ( ) NIH – Institute/Center: Choose One
- ( ) FDA – Section: Choose One
- ( ) Academia
- ( ) Industry
- ( ) Other Please Specifiy

*Preferred Mailing Address:

*City:

☐ D.D.S.
☐ Other

If "Other", please specify (comma separate): [_____]

Position/Title: [_____]

Training Program (if applicable) [_____]

*Affiliation:
○ NIH – Institute/Center: [Choose One ▼]
○ FDA – Section: [Choose One ▼]
○ Academia
○ Industry
○ Other [Please Specifiy]

*Preferred Mailing Address:
[_____]
[_____]
[_____]

*City: [_____]

*State: [Choose One ▼]

*Zipcode: [_____]

Country: [_____]

*Telephone: [_____]

Fax: [_____]

*Email Address (required to receive confirmation of enrollment): [_____]

Personal Email Address: [_____]

*Password (at least 4 characters): [_____]

[Register]   [Reset]

Introduction to the Principles and Practice of Clinical Research

Course Set-Up   **Students**   Reports   Attendance   Remote Sites   Test   Discussions   FAQ   Download

Logout

Student Registration Form

Student Information

Title: *First Name: Middle Initial: *Last Name:

Choose One

Check the following box if you are participating in this course on the NIH campus in Bethesda, MD:
*I will attend on the NIH campus:

*Email Address (required to receive confirmation of enrollment):

Personal Email Address:

*Password (at least 4 characters):

*Degree: Choose One

If your PRIMARY degree is not listed above, enter it here:

*Profession: Choose One

If your profession is not listed above, please enter it here:

Contact Information

*Telephone (Format: 555-555-5555):

Fax (Format: 555-555-5555):

Pager (Format: 555-555-5555):

Contact Information

*Telephone (Format: 555-555-5555): [_____]

Fax (Format: 555-555-5555): [_____]

Pager (Format: 555-555-5555): [_____]

Affiliation

*NIH Employee: ○ Yes ○ No

*NIH Institute/Center (IC): [Choose One ▼]

If your IC is not listed above or you are not affiliated with the NIH, enter the name of your organization: [_____]

Lab/Branch/Department: [_____]

*NIH Building (or Street Address 1): [_____]

*NIH Room (or Street Address 2): [_____]

Mail Stop Code (4 digits): [_____]

*City (please change if incorrect): [Bethesda]

*State: [MD ▼]

*Zipcode (please change if incorrect): [20892]

[Continue]

NIH-Duke Training Program in Clinical Research (NIH-DUKE)

Duke Department of Biostatistics & Bioinformatics
Duke University School of Medicine

🏠 **Master of Biostatistics Application**

**Duke University
School of Medicine
Master of Biostatistics Program**

Admission Information

Personal Data

Contact Information

Educational Background

GRE Test Scores

English Language Proficiency Test Scores

Proficiency in Languages

Work Experience

Additional Information

Essay Questions

Submit Application

Your answers were saved successfully to the database.

Save   **Save & Continue**

Personal Data

Required fields are marked with an asterisk (*).

First/Given Name *

Middle Name

Last or Family Name *

Preferred Name

Other last or family names under which academic records may be listed

Important Links

🖨 **PRINT FORMS**

Gender*

○ Female
○ Male

Date of Birth *

MM/DD/YYYY

Place of Birth *

City *

| ▼ |

State

| -- Please Select -- ▼ |

Country *

Citizenship *

| -- Please Select -- ▼ |

Country

Are you a permanent resident of   ○ Yes

If you are an international applicant, do you currently hold a U.S. visa?

○ Yes ○ No

If you are an international applicant and currently hold a U.S. visa, what visa type do you currently hold?

[▼]

[   ]

if Other, please specify

If you are an international applicant and currently do not hold a U.S. visa, what visa type will you need?

[▼]

[   ]

If Other, please specify

In order to meet Federal requirements on the collection and reporting of race/ethnicity, please answer the following:

Are you Hispanic or Latino?   ○ Yes ○ No

Please choose the response that   ☐ White
best describes the way you   ☐ Black/African American
identify yourself: ☐ Asian
                                     ☐ American Indian/Alaska Native
                                     ☐ Not Specified
                                     ☐ Native Hawaiian/Other Pacific Island

Save   Save & Continue   Reset

▼

If Other, please specify

In order to meet Federal requirements on the collection and reporting of race/ethnicity, please answer the following:

Are you Hispanic or Latino?   ○ Yes ○ No

Please choose the response that
best describes the way you
identify yourself:

☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaska Native
☐ Not Specified
☐ Native Hawaiian/Other Pacific Island

[Save] [Save & Continue] [Reset]

[Submit Application]

Sabbatical in Clinical Research Management

Public reporting burden for this collection of information is estimated to average 20 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-xxxx). Do not return the completed form to this address.

Instructions: Before you begin, you may want to review a statement about privacy. Please review application tips before beginning

Personal Details

Today's Date	
Name :	Mr. ▾ *First Name Middle Name * Last Name
Employed :	Select... ▾ Employer Classification ▾
Position/Faculty Rank:	
Address :	
City , State :	
Zip/Postal Code :	
Country :	
*E-mail :	user@server.com
*Primary Phone :	
Mobile Phone :	

Background/Experience

Occupation that Best Describes Your Current Position :	* ▾
Years of Relevant Clinical Research Experience:	
Research Interests:	
Spoken Language :	
Have you ever worked on a NIH-funded Study :	▾
Anticipated start date (month/year) :	

Anticipated start date (month/year) :	
Anticipated length of sabbatical: *Sabbatical should not exceed 6 months.*	

Please supply the name and contact information for your Mentor, Supervisor, co-funded Principal Investigator, etc.

Name :	
Title /Faculty Rank :	
Institution :	
E-mail :	user@server.com
Phone :	(000) 000-0000

Personal Statement

Instructions: One-page OR 1000 character limit. Please indicate how this program may help your career and your role at your academic institution and/or why you would like to participate.

Curriculum Vitae

Instructions: Attach your up-to-date Curriculum Vitae (CV) including a bibliography of your publications. Please ensure that your last name is in the file name (e.g. "Smith-J Curriculum Vitae").

📎 Click here to attach a file

Elective Interests

Instructions: Beginning with '1=Most Interested,' please rank up to ten (10) elective interests.

Module	Elective	Time Estimate	Interests

Module 1 : Critical Infrastructure	Protocol Implementation and Protocol Tracking	1 one-hour session	1 month	Select... ▼
	Scientific Peer Review	1 one-hour session	8 hours	Select... ▼
	Bioethics Applied to Clinical Research	1 one-hour session	3 month	Select... ▼
	Managing a Human Research Protection Program (HRPP)	1 one-hour session	1 month	Select... ▼
	Clinical Research Training	1 one-hour session	1 week	Select... ▼
	Managing International Clinical Research	1 one-hour session	8 hours	Select... ▼
	National Center for Advancing Translational Sciences (NCATS): Clinical and Translational Science Awards (CTSA) program	5 one-hour sessions	--	Select... ▼
Module 2: Support Service	Principles of Clinical Research Data	3 one-hour sessions	--	Select... ▼
	Informatics in Clinical Management	1 one-hour session	1 month	Select... ▼
	Research Nursing	observational experience	--	Select... ▼
	Pharmacy	1 one-hour session	1 month	Select... ▼
	Good Laboratory Practice and Development of Biologicals	3 one-hour sessions	--	Select... ▼
	Social Work	1 one-hour session	1 week	Select... ▼
	Nutrition	1 one-hour session	2 weeks	Select... ▼
Module 3: Legal and Regulatory	DHHS Office of Human Research Protection (OHRP)	1 one-hour session	--	Select... ▼
	Regulatory Issues in Drug Development (FDA Regulation and ICH Guidelines)	2 one-hour sessions	3 weeks	Select... ▼
	Institutional Accreditation and Compliance	1 one-hour session	--	Select... ▼
	Laboratory Testing in a Clinical Research Facility	3 one-hour sessions	--	Select... ▼
	Technology Transfer: Collaboration and Inventions	1 one-hour session	4 weeks	Select... ▼
	Conflicts of Interest	1 one-hour session	4 hours	Select... ▼

	Technology Transfer: Collaboration and Inventions	1 one-hour session	4 weeks	Select... ▼
	Conflicts of Interest	1 one-hour session	4 hours	Select... ▼
Module 4 : Communications	Patient Recruitment	3 one-hour sessions	1 week	Select... ▼
	Media Relations and Communications	1 one-hour session	2 days	Select... ▼
Module 5 : Strategic Communications	Planning and Development of a Research Hospital's Budget	1 one-hour session	--	Select... ▼
	Clinical Quality and Patient Safety Performance Management-Assessment & Metrics	1 one-hour session	--	Select... ▼
Module 6 : Funding Opportunities	Foundation for the NIH (FNIH)	4 hours	--	Select... ▼

References

Instructions: Please supply the name and contact information for three Professional References. Please note that we may contact your references to evaluate your application.

Name : Dr. ▼ [ ] [ ]
     First Name   Last Name

Employer/Institution : [ ]

City [ ] State [ ] Zip Code [ ]

Country : [ ]

E-mail : [ ] user@server.com

Phone: [ ]

Name : Dr. ▼ [ ] [ ]
     First Name   Last Name

Employer/Institution : [ ]

City [ ] State [ ] Zip Code [ ]

Country : [ ]

- Windows Internet Explorer

cps://ocrtme.cc.nih.gov/sabbatical/_layouts/OCRTME/ApplicationForm.aspx?XsnLocation=/sabbatical/forms/Application.xsn   Live Search

Favorites   Tools   Help

Survey Form

ype Advanced Set...   Application Form   ✕   New Tab   ▼   ▼   ▼   Page ▼   Sa

Employer/Institution :			
City :		State	Zip Code
Country :			
E-mail :		user@server.com	
Phone:			

Name :	Dr. ▼		
	First Name	Last Name	
Employer/Institution:			
City :		State	Zip Code
Country :			
E-mail :		user@server.com	
Phone:			

How did you hear about the sabbatical program?   ▼

If other, please specify :   _____

[Save]   [Submit]

NIH Clinical Center Department of Bioethics Fellowship Program

Public reporting burden for this collection of information is estimated to average 20 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-xxxx). Do not return the completed form to this address.

NIH Clinical Center Department of Bioethics Fellowship Program

Instructions: Before you begin, you may want to review the FAQs.

Applications are welcomed from those who have an interest in bioethics, but no previous bioethics experience is required. Fellowship selection is competitive and will take into account evidence of academic achievements and analytic thinking and ability to contribute to bioethics scholarship. Only complete applications submitted by the posted due date will be considered.

You may submit your application as often as you want up to the deadline. The application will update each time you submit but your references will not be contacted unless you hit the submit button. If you save your application, your references will not be contacted. You should attach a place holder or enter "will follow" in required fields and hit "submit" rather than "save" so that your references are given ample time to respond. The save option should only be used if you are pulled away from the application in the course of applying and want to save it to that point.

Eligibility Criteria:

Pre-doctoral/post baccalaureate fellows:
1. Completed or expected to complete undergraduate or masters degree prior to start of fellowship;
2. Completion of last degree no more than 5 year prior to the fellowship.
3. Planning to pursue MD, JD, PhD or other degree in related field;

Post-doctoral fellows:
1. Completed or expected to complete graduate degree (MD, JD, PhD or other in related field) prior to start of fellowship;
2. Completion of graduate degree no more than 5 years prior to the fellowship;

1. General Information

Name : Mr. ▾ [ ]* [ ] [ ]*
First   MI   Last

Gender: [▾]

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

Mailing Address: [ ]

First   MI   Last

Gender: [▾]

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

Mailing Address: [ ]

City: [ ]

State: [▾]

Country: [▾]

Zip Code: [ ]

Preferred Phone Number: [ ]* 999-999-9999

Country of Citizenship: [▾]

Which Program are you applying for ○ Predoctoral/post-bac Fellowship ○ Postdoctoral Fellowship

Degree/s:

Pre-doc/Post-bac: [▾] If Other, please specify: [ ]

Post doc: [▾] If Other, please specify: [ ]

2. Academic Information

Graduate School:	School Name: [ ]		School Name: [ ]
	City: [ ]		City: [ ]
	State: [▾]		State: [▾]
	Zip Code: [ ]		Zip Code: [ ]
	Country: [▾]		Country: [▾]
	Degree: [ ]		Degree: [ ]
	Major: [ ]		Major: [ ]

	Degree:	[ ]		Degree:	[ ]	
	Major:	[ ]	[ ]	Major:	[ ]	[ ]
	Year Degree Earned/Expected:	[ ]		Year Degree Earned/Expected:	[ ]	
Undergraduate School:	School Name:	[ ]		School Name:	[ ]	
	City:	[ ]		City:	[ ]	
	State:	[▼]		State:	[▼]	
	Zip Code:	[ ]		Zip Code:	[ ]	
	Country:	[▼]		Country:	[▼]	
	Degree:	[ ]		Degree:	[ ]	
	Major:	[ ]	[ ]	Major:	[ ]	[ ]
	Year Degree Earned/Expected:	[ ]		Year Degree Earned/Expected:	[ ]	

3. References (Please include current contact information for three references. An email request for a recommendation letter will be sent directly to them. Reference letters must be received on or before the due date and are a required part of a complete application. Please be sure your recommenders are aware of the deadline.)

Reference 1:

Name: [Mr. ▼] [   ] [   ] [   ]
　　　　　　　First　　　Middle　　　Last

Designation/Title: [   ]

Organization: [   ]

Phone: [   ] 000-000-0000

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

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

Reference 2:

Name : [Mr. ▼] [   ] [   ] [   ]
　　　　　　　First　　　Middle　　　Last

Designation/Title: [   ]

Organization: [   ]

Phone: [   ] 000-000-0000

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

Reference 3:

Name: [Mr. ▼] [   ] [   ] [   ]
　　　　　　　First　　　Middle　　　Last

Designation/Title: [   ]

Organization: [   ]

Phone: [   ] 000-000-0000

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

4. Statement of Interest (Please upload/attach or write in the space below a statement of interest of up to 1000 words which should include discussion of how the fellowship fits into your career goals and potential topics you would like to investigate while here. You might also discuss how you can lend a unique perspective to the department or contribute to the department's diversity.)

📎 Click here to attach a file

5. CV/Resume
Upload or Copy/Paste a plain text version of your curriculum vitae into this space. Minor reformatting may be necessary. Include education, brief relevant research experience, scientific publications, honors and awards, etc.

📎 Click here to attach a file

6. Writing Samples (Please upload/attach one or more, but no more than 3, writing samples. Writing samples do not have to be published papers. They can be a thesis or essay/s written for college course work or part of a dissertation. If you submit a published article it is best that you are the sole author or the first author. We want to see how you express an idea on paper, defend or present an argument, use written language. It is the quality of the writing not the quantity that we are interested in.)

📎 Click here to attach a file   📎 Click here to attach a file   📎 Click here to attach a file

7. Graduate and Undergraduate Transcripts (Please upload/attach copy of your transcript. An official transcript will be required if you are offered a fellowship)

Graduate Transcript: 📎 Click here to attach a file   📎 Click here to attach a file

Undergraduate Transcript: 📎 Click here to attach a file   📎 Click here to attach a file

8. How did you hear about this program?
(Please select all that apply)

☐ Journal Ad; please specify: _____

☐ Career Development/Opportunities Office or Workshop

☐ From a mentor or advisor, if so, who: _____

☐ From an alumnus/alumna of the program (who): _____

☐ NIH representative

☐ Web search - where/what site: _____

☐ Other; please specify: _____

Notice to all applicants:
Save allows you to go back and make changes or additions to your application but the application will not be considered a complete application. An application is only complete when it has been submitted. You can still edit and update your application after it has been submitted. You can submit as often as you want. Please remember that it is only when you have "submitted" the application that your references will be contacted.

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]   [Submit]

Clinical Research Training On-Line Course for Principal Investigators

Register

1. Complete the form below and click the **Continue** button.
2. Items in ***RED** are required for processing your enrollment.
3. In order to receive certification for completing this course, you will need to provide your **email address** and choose a **password**. It is suggested that you choose a password that you can easily remember.
4. **Note**: If you are taking this course to fulfill the Training and Education Standard issued by the NIH for conducting clinical research in the intramural research program, you MUST input your NIH Institute or Center (IC) in the drop down list to receive credit for completing this course.

Student Information

Title: Choose One

*First Name:

Middle Initial:

*Last Name:

*Please choose a statement below that describes your status, by clicking one of the radio buttons.

○ I am currently a principal investigator with a protocol approved through the National Institutes of Health (NIH), Clinical Center. I will be taking this course to fulfill the Training and Education Standard issued by the NIH for conducting clinical research in the Intramural Research Program.

◉ I am not an NIH principal investigator and will be taking this course to enhance my knowledge of clinical research.

*Email Address: crtadmin

*Password (at least 4 characters): ......

*Degree: Choose One

If your PRIMARY degree is not listed above, enter it here:

Contact Information

*Telephone and (area code):

Fax and (area code):

Pager and (area code):

listed above, enter it here.

Contact Information

*Telephone and (area code): [____] [_____]

Fax and (area code): [____] [_____]

Pager and (area code): [____] [_____]

Affiliation

*NIH Institute/Center (IC): [Choose One ▼]

If your IC is not listed above or you are not affiliated with the NIH, enter the name of your organization: [_____]

Lab/Branch/Department: [_____]

*NIH Building (or Street Address 1): [_____]

*NIH Room (or Street Address 2): [_____]

Mail Stop Code (4 digits): [_____]

*Country [Choose One ▼]

*City: [_____]

*State: [Choose One ▼]

*Zipcode: [_____]

[Continue]