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

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MY APPLICATIONS LOGIN

NATIONAL GRADUATE STUDENT RESEARCH CONFERENCE

PROGRAM APPLICATION

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

Instructions: Before you begin, you might want to review some helpful hints on using this form and our privacy statement. After you fill out the form below, press the [Preview Application] button at the bottom of the page, and review your application for accuracy. Then press the [Save Application] button to apply. Please note that, for security reasons, only plain text can be submitted. Any special formatting will be lost when the application is submitted. Because Internet connections are not always stable over extended periods, we recommend that you draft and edit the longer sections of your application offline and then paste them into the form below. Note that only complete applications, i.e. applications with information in every required field, can be submitted.

Review Criteria for Applications

Eligibility:
1. Candidates must be currently enrolled at least half-time in a Ph.D. program in an accredited U.S. institution.
2. Candidates must be in the U.S. at the time of the conference (October 9 – 10)
3. Candidates must expect to receive their Ph.D. between **March 2012** and **October 2013**.
4. No restrictions are placed on candidate citizenship.

🔴 Indicates a required field!

1. Personal Information

Name: [Mr. ▲▼] [_____] [____] [_____] 🔴
             Prefix   First   MI   Last

Month/ Day of Birth: [_____] / [_____] 🔴 (mm/dd)

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

Current Address: [_____] 🔴
[_____]

City: [_____] 🔴

State: [_____] 🔴 Candidates from the international community should enter NA in this field

Zip/Postal Code: [_____] 🔴

Zip/Postal Code:

Country/Region: United States

Preferred Phone Number: ● Cell phone number is acceptable

Citizenship Status: US Citizen

Current Visa Status:

Please make my application available for review by NIH investigators if I am not chosen to participate in this year's Research Conference: ●

2. Research Information

Abstract Title: Please enter your title in the following format:
Things I Learned from my Research: What to Do and What Not to Do
(Capitalize the first and last word and all major words; do not capitalize conjunctions or prepositions.) Please note that title length is limited to 100 characters, including spaces, tabs, and hard returns.

Abstract Authors/Affiliations: If credit on your abstract should be shared, then enter all author names and institutional affiliations, including your own, exactly as they should appear in the program book. Please use the following format:
Jane Doe, University of Illinois; John Deer, University of Michigan
OR
Jane Doe, John Deer, University of Illinois

Current Research Abstract: Please do not indent. Insert an extra return between paragraphs. Remember, a good abstract should contain the purpose of the study, the methods used, the results, and the conclusions. End with an acknowledgement of the source(s) of funding for the project in brackets [ ]. Abstract length is limited to 1800 characters, including spaces, tabs, and hard returns.

Current Institution:

●

Poster Topic:

●

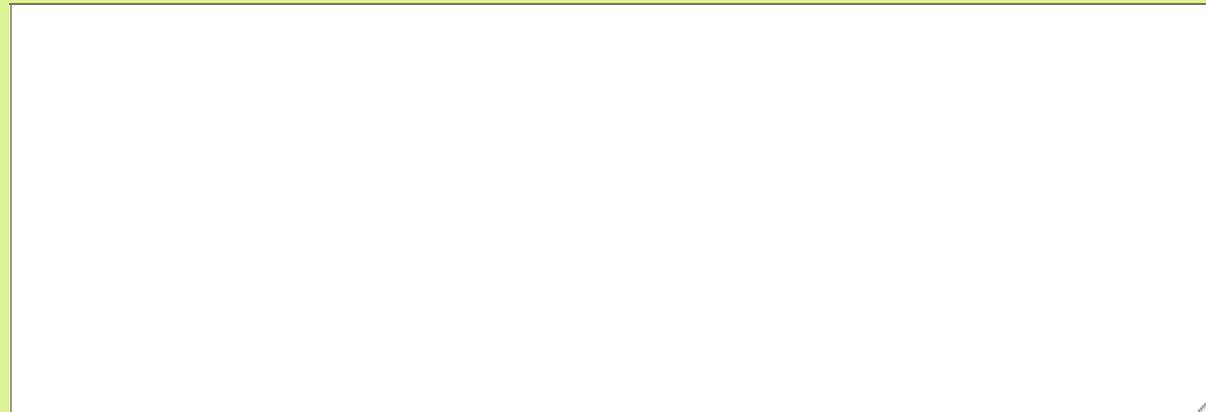**Abstract Title:**

●

Abstract Authors/Affiliations:

Current Research Abstract:

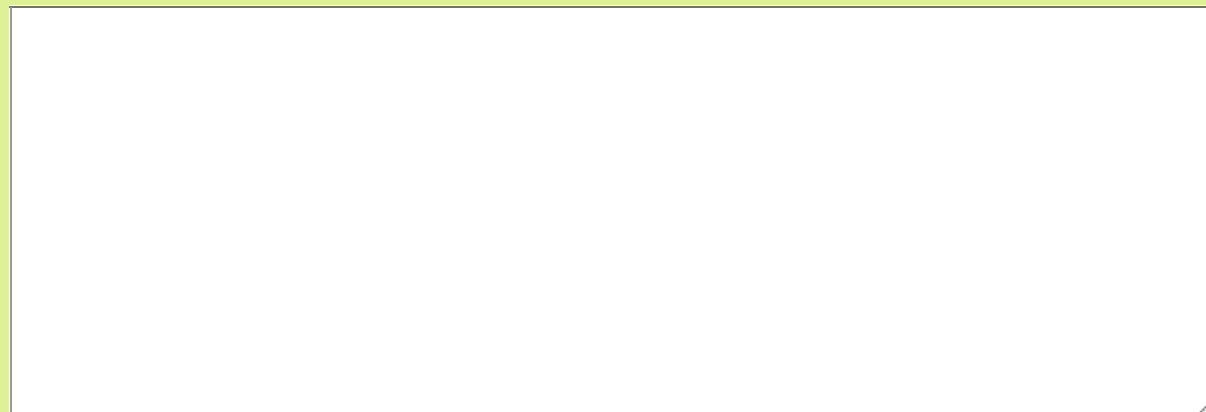**You may post my abstract on the OITE Web site after the Conference concludes:** [⬍] ●

(Note: Your answer to this question will not affect the likelihood of your being selected to participate in the Conference.)

3. Curriculum Vitae

Please follow a standard c.v. format. However, do not record your publications in this section. Record them instead in Section 4, Publications.
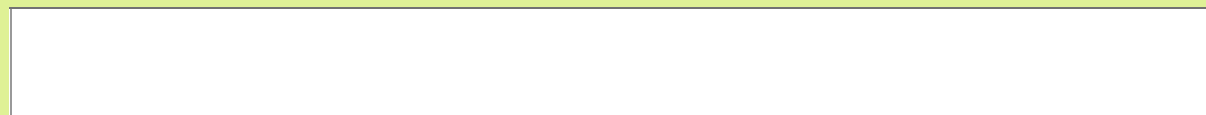
4. Publications

5. Cover Letter

Please use this section to discuss, BRIEFLY, your future career plans and the research that you would like to conduct during your postdoctoral training. You may also draw attention to any items from your past that NIH investigators should consider specifically in evaluating your application, such as: exceptional contributions of your Ph.D. research to your field; unique perspectives or experiences you bring to your postdoctoral research; major barriers (scientific or otherwise) you have had to overcome to complete your Ph.D.; why doing research at NIH would enable you to achieve your professional goals; etc.

IMPORTANT: Include the names of at least two NIH investigators with whom you would be interested in working.

6. References – Two letters supporting your application will be required.
Please ask your dissertation advisor to prepare a letter of recommendation for you. In addition to discussing your past performance and future research potential, your advisor will be asked to indicate the date by which he/she expects you to have completed your degree.

A letter of recommendation will be expected from your dissertation advisor...

Name:	Mr. ▲▼				
	Prefix	First	MI	Last	

Address:

Phone:

E-mail: ⬤ Format: user@server.com

Once your application is complete, an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

A letter of recommendation will be expected from your second reference ...

Name:	Mr. ▲▼				
	Prefix	First	MI	Last	

Address:

Phone:

E-mail: ⬤ Format: user@server.com

Once your application is complete, an e-mail will be automatically sent to this reference requesting an online letter of recommendation.

Upon submission of your application, you will receive an e-mail message confirming receipt of your materials and containing login credentials and directions for modifying your application. This information will also enable you to determine whether your letters of reference have been received. NOTE: (1) If you do not receive a confirmation e-mail, you should assume that your application has not been successfully transmitted; (2) It is your responsibility to ensure that your dissertation advisor and second reference submit letters on your behalf.

7. Research Topics
These will be used to assign reviewers to your application; they should refer to your poster, not your future plans.

Major Research Area: ▲▼ ⬤

Research Target: [dropdown] ●

Research Approach: [dropdown] ●

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.

(Preview Application)

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RESEARCH CONFERENCE
LETTER OF RECOMMENDATION FOR 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.**

Review Criteria for Applications

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.

Anticipated Ph.D. Completion Date:

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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