


 

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

[home](#) [for prospective applicants](#)

## GRADUATE PARTNERSHIPS PROGRAM

### MY CONTACT INFORMATION

OMB No. 0925-0299  
 Expiration Date 03/31/2014  
[Respondent Burden](#)

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

#### Contact Information

Enter your contact information in the fields provided. Carefully review your information prior to submission to ensure accuracy. Inaccurate information may adversely affect your application to the NIH/OITE Graduate Partnerships Program (GPP).

Name:

Prefix                      First                      MI                      Last

E-mail Address:

Permanent Home Phone:  Format: (999) 999-9999

Permanent Address:

City:

State:   
(Use DC for District of Columbia and NA if your permanent address is not in the U.S.)

Zip/Postal Code:

Country/Region:

Citizenship Status:



[home](#) [for prospective applicants](#)

## GRADUATE PARTNERSHIP PROGRAM

OMB No. 0925-0299

Expiration Date 03/31/2014

[Respondent Burden](#)

### REGISTER FOR AN INDIVIDUAL PARTNERSHIP

[MYGPP](#) | [SIGN-OFF](#)

**Instructions:** Before you begin, you may want to review some [helpful hints](#) on using this electronic form and our [privacy statement](#).

#### Eligibility Criteria:

You must meet the following criteria to complete the NIH Graduate Partnerships Program (GPP) Registration Form as a PhD graduate student performing part or all of your dissertation research within the NIH Intramural Research Program.

You are creating an Individual Partnership, in which you must have the following established prior to completing this online form, **no exceptions**.

- You enrolled in a PhD or equivalent program (PharmD, MD/PhD, DVM/PhD, etc.)
- You have discussed the NIH Individual Partnership with your graduate program chairperson
- You have been granted permission to pursue the Individual Partnership by the graduate program chairperson
- You have identified and contacted tenured/tenure-track NIH investigators that have similar research interests and may be interested in you performing dissertation research in their group within the NIH-IRP
- You have received an official offer to perform dissertation research within the NIH Intramural Research Program by a tenured/tenure-track NIH-IRP investigator
- Your training period at NIH will be six-months or longer

#### 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.
- 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.**

1. Please read the "[Graduate Partnership Program page](#)" before beginning your online application.
2. Be sure that the e-mail addresses you provide is accurate. Incorrect e-mail addresses will delay the processing of your registration.
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 registration thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.

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

## Partnership

Partnership Type: Individual Partnership

## Academic Information

### PhD Degree Academic Information

This section is required.

College/University Name:  ●

Start Date:   ●

Anticipated Graduation Date:   ●

Major Field of Study:  ●

Mentor University Professor 1:  ●

Mentor University Professor 2:

Do you have an MD or DDS or DVM or RN Degree?

Yes  No ●

### MD-DDS-DVM-RN Institution

This section is required if you indicated above that you have or are enrolled in an MD or DDS or DVM or RN degree.

Degree Program:  Y  ●

College or University Name:  ●

Major Field of Study:  ●

Start Date:   ●

Anticipated Graduation Date:   ●

## NIH Training Information

NIH Insitiute-Center:  National Cancer Institute  ●

Mentor NIH Investigator 1:  ●

Mentor NIH Investigator 2:

Start Date at NIH as a Graduate Student:  Jan  2012  ●

Anticipated Duration of Training:  0-3-months  ●

NIH Administrative Officer:

**Additional Information**

Please enter any additional information. (Up to 1500 characters)

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.

[Save Partial Application & Quit](#)[Preview Completed Application](#)

[home](#)

## RESPONDENT BURDEN

[Back to Previous Page](#)

### 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.

[Back to Previous Page](#)



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

[home](#)

## PRIVACY ACT NOTIFICATION STATEMENT

### MESSAGE

[Back to Previous Page](#)

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.

[Back to Previous Page](#)

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