



home    for prospective applicants

## POSTBACCALAUREATE/TECHNICAL IRTA PROGRAM

### PROGRAM APPLICATION

OMB No. 0925-0299

Expiration Date 03/31/2014

[Respondent Burden](#)

Before you begin, watch a new video: [Applying to the NIH Postbac Program.](#)

#### Instructions:

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

This form allows you to save a partially completed application. To take advantage of this feature, please proceed as follows:

- Complete the first section of the form and enter as much additional information into the form as you would like.
- Press "Save Partial Application & Quit" to save the information you have entered thus far, and return later to complete your application.
- When you first submit your partial application, you will automatically receive a confirmation e-mail containing login information and instructions for accessing the online tool that allows you to review, modify, and complete your application.

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 then click the "Save" button on the Preview page.

IMPORTANT NOTE: NIH investigators and administrators can access **completed** applications only; they cannot review partial applications.

#### Tips for Applying Successfully:

1. If you are applying to the Postbac IRTA program, review the [Postbac IRTA program description](#) and the associated "[Frequently Asked Questions](#)" before beginning your online application. If you are applying to the Technical IRTA Program, review the [Technical IRTA program description](#) and "[Frequently Asked Questions](#)" for that program 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 appears as you intend it to, 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 soon as possible and encourage your references to submit their letters promptly using our online

system.

- 6. NOTE: There is no deadline for applying to either the Postbac IRTA program or the Technical IRTA program; applications are accepted on a rolling basis.

**Eligibility Criteria:**

1. All candidates must be U.S. citizens or permanent residents.
2. Candidates for the Postbac IRTA Program must have received their bachelor's degree no more than 2 years prior to the date they begin the program. They must also intend to apply to graduate or professional (medical, dental, pharmacy, nursing) school during the program. The general expectation is that applicants will have received their bachelor's degrees from accredited colleges or universities in the U.S.; however, U.S. citizens whose degrees are from other nations may [apply for a waiver](#) of this requirement. Permanent residents must have received their bachelor's degrees from U.S. institutions to be eligible to participate.
3. Candidates for the Technical IRTA program must have graduated from a fully accredited U.S. college or university with a bachelor's or master's degree.

● Indicates a required field!

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

Training Program:  Postbaccalaureate IRTA  Technical IRTA ●

Name:     ●  
Prefix First MI Last

Month/Day of Birth:  /  ● (mm/dd)

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

Preferred Phone Number:  ● Format: (999) 999-9999

Citizenship Status:  ●

Month and Year Bachelor's Degree Received/Expected:  /  ● (mm/yyyy)

Bachelor's Degree is from an Accredited U.S. Institution?  Yes  No ●

Master's Degree Earned?  Yes  No ●

Master's Degree Received/Expected (if applicable):  /  (mm/yyyy)

Master's Degree is from an Accredited U.S. Institution?  Yes  No  Not Applicable ●

**Personal Information – Continued**

Permanent Address:  ●

City:

State:

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

Zip Code:

Country/Region:

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

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

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

## 2. Academic Information

Bachelor's Institution:

Bachelor's Degree Cumulative GPA:

Bachelor's Degree Institution 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.

Undergraduate Academic Major:  or

Bachelor's Degree Type:

Master's Institution (if applicable):

Master's Degree Cumulative GPA (if applicable):

Master's Degree Institution Grading Scale (if applicable):

Master's Degree Type (if applicable):

Education Plans:  or

Note: Please indicate the degree you plan to pursue after completing your time at NIH.

## 3. Coursework and Grades

Please enter all the courses you have completed, not just your science courses, Also enter any courses you are currently taking or in which you will enroll during your final semester. As you receive grades for these courses, add them here using the Modify Application tool.

| Course Title | Grade |
|--------------|-------|
|--------------|-------|

| Course Title | Grade |
|--------------|-------|
|              |       |

**4. CV/Resume**  
Copy and paste a plain text version of your curriculum vitae into this space. Minor 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:

Prefix First MI Last

Address:

Phone:

E-mail:  Format: user@server.com

Reference 2:

Name:

Prefix First MI Last

Address:

Phone:

E-mail:  ● Format: user@server.com

**Reference 3:**

Name:     ●  
Prefix First MI Last

Address:  ●

Phone:  ●

E-mail:  ● Format: user@server.com

**6. Research Interests**

**6a. Areas of Scientific Interest:**

1.
2.
3.

**6b. Medical Entity/Disease:**

1.
2.
3.

**7. Cover Letter:**

Please write a cover letter outlining your research interests, career goals, and reasons for applying for training at the NIH.

**Training Locations**

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. ●

Bethesda, MD (main NIH campus)

Frederick, MD (some NCI sites)

- 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)
- Detroit, MI (limited positions in NICHD)
- Framingham, MA (limited positions at NHLBI)

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](#)

## POSTBACCALAUREATE IRTA 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:

| Title | First Name | MI | Last Name |
|-------|------------|----|-----------|
|       |            |    |           |

Address:

Phone:

### Reference Letter

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





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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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