

## SURVEY

OMB No. 0925-0299

Expiration Date 03/31/2014

[Respondent Burden](#)

**Instructions:** Please complete the form below and then press the [Submit] button at the bottom of the page. You may want to review [General Instructions](#) for filling out the form and the [Privacy Act statement](#) describing the information collected here is used.

● Indicates a required field!

**Survey**

**Birth Year:**  ●

**Gender:**  ●

**Ethnicity:**  ●

**Race:** **Check as many as apply** ●

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**Disability:**  I do not have a disability

Deaf  Convulsive Disorder

Blind  Mental Retardation

Missing Extremities  Mental or Emotional Illness

Partial Paralysis  Severe Distortion of Limbs and/or Spine

Complete Paralysis  I have a disability, but is not listed.

If not listed, please specify:

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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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