**Sign-up Form for Ambassadors**

I am willing to serve as an LRP Ambassador. I understand that my responsibilities as an LRP Ambassador are to:

1. Learn about the LRPs and the application process in order to be an informed communicator.
2. Identify potential eligible applicants to the LRPs within their institutions.
3. Share relevant information about the LRPs to these potential applicants in a timely manner through face-to-face encounters, electronic communication, and planned events.
4. Share/report information on their activities with NIH/DLR staff.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year Received LRP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of LRP: \_\_\_ Clinical Research \_\_\_\_ Pediatric Research \_\_\_\_ Health Disparities Research

\_\_\_\_ Clinical Research for Disadvantaged Individuals \_\_\_\_Infertility and Contraception

Primary Research Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do hereby grant or deny permission to the National Institutes of Health (NIH) Loan Repayment Programs (LRP) to use my name, contact details, biography, image and professional details, as indicated below. Such use includes the display, distribution, publication, transmission, or otherwise use of my personal details in materials that include, but may not be limited to, NIH’s LRP website, as well as printed materials such as brochures and newsletters, videos and digital images.

Choose one of the following:

\_\_\_\_\_ Grant permission to publish my name, institution, telephone number, and email address on the LRP website as part of a directory of LRP Ambassadors.

\_\_\_\_\_\_ Grant permission to share my name, contact information, biography, image, and professional details on the LRP website and in other materials, e.g., in “success stories” about LRP awardees.

\_\_\_\_\_\_ Deny permission to NIH’s LRP to share my personal information in any way.

\_\_\_\_\_\_ Check here to indicate that you have read and agree to the terms of the Sign-up Form for Ambassadors.

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