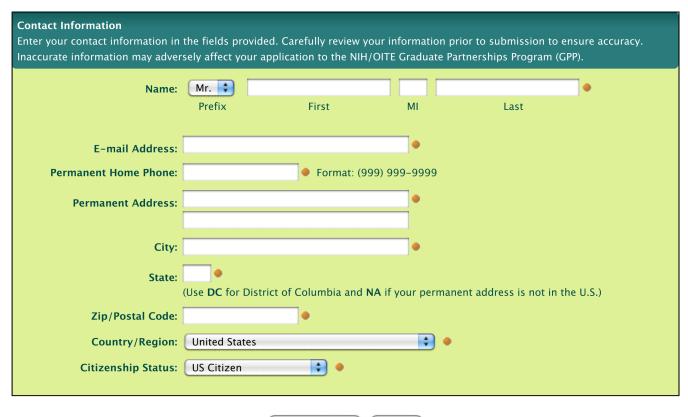
Graduate Partnerships Program 5/24/13 10:41 AM



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

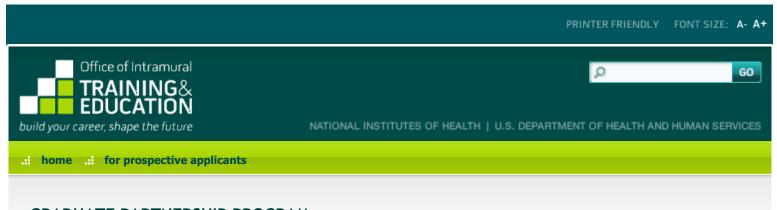
Instructions: Before you begin, you may want to review some helpful hints on using this electronic form and our privacy statement.



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Graduate Partnership Program 2/8/13 2:04 PM



# **GRADUATE PARTNERSHIP PROGRAM**

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

REGISTER FOR AN INSTITUTIONAL PARTNERSHIP

MYGPP I SIGN-OFF

<u>Instructions</u>: Before you begin, you may want to review some <u>helpful hints</u> on using this electronic form and our <u>privacy statement</u>.

### **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 enrolled in one of the following NIH-University Institutional Partnerships:

- Centro de Neurosciencias de Valparaiso, Chile Neuroscience / NINDS
- Charles University, Czech Republic Biomedical Research / NICHD
- Chinese University of Hong Kong Biomedical Research / NICHD
- Consortia of Hungarian Universities Biomedical Research / NIAAA
- George Washington University Epidemiology / NCI-DCEG
- Johns Hopkins University Biostatistics / NCI-DCEG
- Johns Hopkins University Epidemiology / NCI-DCEG
- Karolinska Institute (Sweden) Neuroscience
- Taipei Medial University & China Medical University Neuroscience / NIDA
- University of Maryland, College Park Partnership for Cancer Technology / NCI
- University of Montana Molecular Basis for Infectious Diseases / NIAID-RML
- University of Pennsylvania Immunology / NCI
- Wellcome Trust Program / NIH
- Yale University Epidemiology / NCI-DCEG

### **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.

Graduate Partnership Program 2/8/13 2:04 PM

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 Select	<b>→</b>
Academic Information	
hD Degree Academic Information	
his section is required.	
College/University Name:	•
Start Date:	<b>→</b> •
Anticipated Graduation Date:	• •
Major Field of Study:	•
Mentor University Professor 1:	•
Mentor University Professor 2:	
Yes No •	N Degree?
Yes No	N Degree?
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Yes No •  1D-DDS-DVM-RN Institution  this section is required if you indicated ab	pove that you have or are enrolled in an MD or DDS or DVM or RN degree.
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MD-DDS-DVM-RN Institution This section is required if you indicated alto Degree Program:  College or University Name:  Major Field of Study:  Start Date:  Anticipated Graduation Date:	ove that you have or are enrolled in an MD or DDS or DVM or RN degree.
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MD-DDS-DVM-RN Institution This section is required if you indicated alto Degree Program:  College or University Name:  Major Field of Study:  Start Date:  Anticipated Graduation Date:	ove that you have or are enrolled in an MD or DDS or DVM or RN degree.  Y
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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
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application may be grounds for denying your candidacy or removing you from the program.
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### 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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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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