

Please review application tips before beginning

OMB Number: 0925-0698
Expiry date: 05/31/2017

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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 (0925-0698).

Do not return the completed form to this address.

Application Instructions:

- Before you begin, you may review a statement about [privacy](#).
- All fields are required.
- Prior to submitting your application, you must have the following information requested in this application:
 1. Updated curriculum vitae (researchers) or resume (research managers/health professionals).
 2. A clear and concise personal statement.
 3. Supervisor, co-funded PI, or mentor's contact information.
 - Request for Letter of Recommendation: Please be aware that we will contact your supervisor/co-funded PI/mentor to request your letter of recommendation using the contact information that you provide in the application. Therefore, please ensure that the information is accurate and that you submit your application in a timely manner. You **MUST** Press the [Submit] button to complete the application process

Eligibility:

- At least seven years (7) of meaningful of experience beyond an advanced degree in a clinical research environment
- Currently serving as one of the following:
 - principal investigator conducting research
 - administrative professional managing a clinical research program
 - healthcare professional managing a clinical research program
 - institutional officer overseeing research

Personal Details

Today's Date	<input type="text"/>		
Name :	Mr. <input type="text"/>	<input type="text"/>	<input type="text"/>
	*First Name	Middle Name	* Last Name
Employer:	<input type="text"/>		
Current Position:	<input type="text"/>		
City , State :	<input type="text"/>		
Zip/Postal Code :	<input type="text"/>		
Country :	<input type="text"/>		
E-mail :	<input type="text" value="user@server.com"/>		
Phone Number:	<input type="text"/>		

Background/Experience

Occupation that Best Describes Your Current Position :	<input type="text"/>
Years of Relevant Clinical Research Experience:	<input type="text"/>

■ institutional officer overseeing research

Personal Details

Today's Date	<input type="text"/>		
Name :	Mr. <input type="text"/>	<input type="text"/>	<input type="text"/>
	*First Name	Middle Name	*Last Name
Employer:	<input type="text"/>		
Current Position:	<input type="text"/>		
City , State :	<input type="text"/>		
Zip/Postal Code :	<input type="text"/>		
Country :	<input type="text"/>		
E-mail :	user@server.com		
Phone Number:	<input type="text"/>		


Background/Experience

Occupation that Best Describes Your Current Position :	<input type="text"/>
Years of Relevant Clinical Research Experience:	<input type="text"/>
Research Interests:	<input type="text"/>
Spoken Language	<input type="text"/>
Have you ever worked on a NIH-funded Study :	<input type="text"/>
Anticipated start date (month/year) :	<input type="text"/>
<i>Currently accepting applications for January 2015-January 2016</i>	<input type="text"/>
Anticipated length of sabbatical:	<input type="text"/>
<i>Sabbatical should not exceed 12 weeks.</i>	<input type="text"/>

Personal Statement


Instructions: One-page OR 1000 character limit.

- Please indicate how this program may help your career and your role at your institution and/or why you would like to participate.
- Additionally, please describe your ideal sabbatical experience.

pdPersonalStatement 

Curriculum Vitae/Resume

Instructions: Attach your up-to-date Curriculum Vitae (CV) including a bibliography of your publications, or your resume. Please ensure that your last name is in the file name (e.g. "Smith-J Curriculum Vitae").

 [Click here to attach a file](#)

Elective Interests

Instructions: Please rank elective areas based on level of interest. 1=Most Interested.

- Please select up to 10 elective areas of interest.
- For each selected elective, please indicate what you hope to learn in the last column.

Module	Interests	Elective	Minimum Time Estimate	What Are You Hoping to Learn?
Module 1 : Critical Infrastructure	Select... <input type="checkbox"/>	Protocol Implementation and Protocol Tracking	One 1-hour session	
	Select... <input type="checkbox"/>	Scientific Peer Review	One 1-hour session	
	Select... <input type="checkbox"/>	Bioethics Applied to Clinical Research	One 1-hour session	
	Select... <input type="checkbox"/>	Managing a Human Research Protection Program (HRPP)	One 1-hour session	
	Select... <input type="checkbox"/>	Clinical Research Training	One 1-hour session	
	Select... <input type="checkbox"/>	Managing International Clinical Research	One 1-hour session	
	Select... <input type="checkbox"/>	National Center for Advancing Translational Sciences (NCATS): Clinical and Translational Science Awards (CTSA) program	Five 1-hour sessions	
Module 2: Support Service	Select... <input type="checkbox"/>	Principles of Clinical Research Data	One 1-hour session	
	Select... <input type="checkbox"/>	Informatics in Clinical Management	One 1-hour session	
	Select... <input type="checkbox"/>	Research Nursing	Observational Experience	
	Select... <input type="checkbox"/>	Pharmacy	One 1-hour session	
	Select... <input type="checkbox"/>	Good Laboratory Practice and Development of Biologicals	Two 1-hour sessions	
	Select... <input type="checkbox"/>	Social Work	One 1-hour session	
	Select... <input type="checkbox"/>	Nutrition	One 1-hour session	
Module 3: Legal and Regulatory	Select... <input type="checkbox"/>	DHHS Office of Human Research Protection (OHRP)	One 1-hour session	
	Select... <input type="checkbox"/>	Regulatory Issues in Drug Development (FDA Regulation and ICH Guidelines)	Two 1-hour sessions	
	Select... <input type="checkbox"/>	Institutional Accreditation and Compliance	One 1-hour session	
	Select... <input type="checkbox"/>	Laboratory Testing in a Clinical Research Facility	One 1-hour session	
	Select... <input type="checkbox"/>	Technology Transfer: Collaboration and Inventions	One 1-hour session	
	Select... <input type="checkbox"/>	Conflicts of Interest	One 1-hour session	
Module 4 : Communications	Select... <input type="checkbox"/>	Patient Recruitment	Two 1-hour sessions	
	Select... <input type="checkbox"/>	Media Relations and Communications	One 1-hour session	
Module 5 : Strategic Communications	Select... <input type="checkbox"/>	Planning and Development of a Research Hospital's Budget	One 1-hour session	
	Select... <input type="checkbox"/>	Clinical Quality and Patient Safety Performance Management-	One 1-hour session	

		Managing International Clinical Research	One 1-hour session	
Module 2: Support Service	Select... <input type="checkbox"/>	National Center for Advancing Translational Sciences (NCATS): Clinical and Translational Science Awards (CTSA) program	Five 1-hour sessions	
	Select... <input type="checkbox"/>	Principles of Clinical Research Data	One 1-hour session	
	Select... <input type="checkbox"/>	Informatics in Clinical Management	One 1-hour session	
	Select... <input type="checkbox"/>	Research Nursing	Observational Experience	
	Select... <input type="checkbox"/>	Pharmacy	One 1-hour session	
	Select... <input type="checkbox"/>	Good Laboratory Practice and Development of Biologicals	Two 1-hour sessions	
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	Select... <input type="checkbox"/>	Technology Transfer: Collaboration and Inventions	One 1-hour session	
	Select... <input type="checkbox"/>	Conflicts of Interest	One 1-hour session	
Module 4 : Communications	Select... <input type="checkbox"/>	Patient Recruitment	Two 1-hour sessions	
	Select... <input type="checkbox"/>	Media Relations and Communications	One 1-hour session	
Module 5 : Strategic Communications	Select... <input type="checkbox"/>	Planning and Development of a Research Hospital's Budget	One 1-hour session	
	Select... <input type="checkbox"/>	Clinical Quality and Patient Safety Performance Management- Assessment & Metrics	One 1-hour session	
Module 6 : Funding Opportunities	Select... <input type="checkbox"/>	Foundation for the NIH (FNIH)	One 4-hour session	

Letter of Recommendation

Instructions: Please supply the name and contact for your supervisor, co-funded principal investigator, or mentor.

Name :	Dr. <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		First Name	Last Name
Relationship to You:	Select... <input type="checkbox"/>		
City :	<input type="text"/>	State	Zip Code <input type="text"/>
Country :	<input type="text"/>		
E-mail :	<input type="text"/>		user@server.com
Phone:	<input type="text"/>		

How did you hear about the sabbatical program?

If other, please specify :

Save

Submit

