

Clinical Electives Program(CEP) Application

Login

OMB Number: 0925-0698
Expiry date: 05/31/2017
[Public Reporting Burden Statement](#)

All required fields are notated with an asterisk*.

Instructions: *If you already have a saved application click on the Login button*

Before you begin, you may want to review a statement about [privacy](#). After you fill out the application form below, press the [Save] button at the bottom of this page to resume your application later. You MUST Press the [Submit] button to complete the application process.

[Eligibility Requirements for the NIH Clinical Electives Program](#)

Notice to all applicants: Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program. **Please contact Irena Malkovska CEP@mail.nih.gov if you need assistance or have questions.**

- We advise International students to apply a minimum of six months prior to the desired elective start date
- We advise domestic students to apply a minimum of three months prior to the desired elective start date.

- Personal Information
- Academic Information
- Experience
- References
- Electives
- Review and Submit

Contact Details

Title*:	<input type="text"/>
First Name*:	<input type="text"/>
Middle Initial:	<input type="text"/>
Last Name*:	<input type="text"/>
Email Address*:	<input type="text"/>
Phone Number*:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code/Postal Code:	<input type="text"/>
Country/Region:	<input type="text"/>

Status

Citizenship Status*:	<input type="text"/>
Previous Research Experience At NIH:	<input type="text"/>

Next Save

Public Reporting Burden Statement

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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.

Clinical Electives Program(CEP) Application

CIVIL Number: 0925-0992
Expiry date: 09/31/2017
Public Reporting Burden Statement

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- Personal Information
- Academic Information
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Academic Contact Information*

School Name*:
* required.

School Address*:
* required.

City:

State:

Zip Code/Postal Code:

Country/Region*:

School Contact Number*:
* required.

Academic Details*

Are you participating in a combined Degree Granting Program (i.e. MD/PhD)*:

Type of Degree Expected (i.e. MD, DO, MD/PhD, etc)*:
* required.

Year at Current Level*:

Current Cumulative GPA*:

School Grading Scale*:

Month and Year Degree Expected*:
* required.

Academic Test Scores*

Are you enrolled in an LCME Accredited Institution?*:

Please select your school enrollment status:

Date Exam passed:

Please upload your USMLE Step 2 CS or TOEFL*:
[Blue Ocean Creating Process.pdf](#)

Next Save

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Cover Letter*

Upload Cover Letter File:

[Southwest Airlines - Print Boarding Passes and Security Documents.pdf](#)

CV/Resume*

Upload CV/Resume File:

[Session 6 A OneMBA.pdf](#)

Coursework and Grades*

Please attach a copy of your official transcript or mark sheet which Includes completed core clerkship grades and coursework currently in progress.

Upload Official transcript or test scores:

[BSVE_Agricultural Fairs_20170130.pdf](#)

Note: If you are unable to attach your official transcript or test scores above, they should be sent to:
Coordinator, Clinical Electives Program
Office of Intramural Training and Education
National Institutes of Health
Building 10, Room 1N-252
10 Center Drive, MSC 1158
Bethesda, MD 20892-1158

Clinical Electives Program(CEP) Application

OMB Number: 0925-0695
Expiry date: 05/31/2017
Public Reporting Burden Statement

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References

Please provide contact information for the Dean of Student Affairs or equivalent and faculty member providing letters. Letters and contact information must be from two separate individuals. The Dean of Student Affairs or equivalent must approve your participation in the Clinical Electives Program.

****Letters must be on official school letterhead and have official signatures.****

Dean of Student Affairs or equivalent – letter of good standing is required.
If English is not your primary language, your Dean (or equivalent institutional official) must confirm, in this letter, that your English language communication skills with patients has been formally and directly assessed in the clinical setting and, on the basis of such an assessment, is at a level sufficient to permit direct involvement in patient care in the United States.

Title*:

First Name*:

* required.

Middle Initial:

Last Name*:

* required.

Address:

Phone Number*:

* required.

Email Address*:

* required.

Medical or Dental school faculty or equivalent.

Title*:

First Name*:

* required.

Middle Initial:

Last Name*:

* required.

Address:

Phone Number*:

* required.

Email Address*:

* required.

Clinical Electives Program(CEP) Application

OMB Number: 0925-0055
Expiry date: 05/31/2017
[Public Reporting Burden Statement](#)

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It is preferred students start the 1st Monday of the month. However, if your school starts student electives at a different time, we will do our best to accommodate your request for an alternate start date.

First Choice*

Elective*:

Month/Session*:

Start Day*:

Second Choice

Elective:

Month/Session:

Start Day:

Third Choice

Elective:

Month/Session:

Start Day:

1. If you apply for multiple electives with the same start date, you will be limited to only one acceptance
2. If you apply for multiple electives with different start dates, you may be accepted up to but no more than 3 rotations

Next

Save