TRAINING PROGRAM SCREEN SHOTS

Clinical Electives Program

Form Approved OMB Number 0925-XXXX Exp. Date XX/XX/2017

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-xxxx). Do not return the completed form to this address.

Clinical Electives Program Application

Instructions: 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

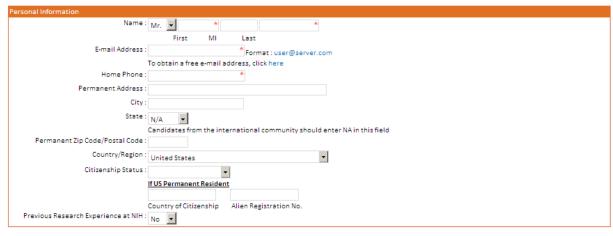
In order to be eligible to apply for a clinical elective at the NIH, you must meet the following requirements:

- 1. You must be a U.S. citizen, resident alien, or a foreign citizen entering the U.S. on a B1 visa for business or a WB visa.
- 2. You must be in good standing in your medical or dental school.
- 3. You must enter all of your medical or dental school grades as Pass/Fail or by a letter grade.
- 4. You must have your school's written approval to participate. Letters submitted in your application must be from your Dean of Student Affairs (or equivalent) and a faculty member familiar with your scholastic ability. Letters must indicate Dean's and Faculty member's title and mailing address.
- 5. If you are currently enrolled in or attending a school that is not 1) an LCME-accredited medical school in the United States or Canada, or 2) an accredited school of osteopathic medicine in the United States, or 3) a CODA/ADA-accredited dental school in the United States, then you must provide evidence of proficiency in communication skills either in the form of an internet based TOEFL (IBT) score or a documented passing grade on the USMLE Step 2 Clinical Skills Exam. For the (IBT) examination, the minimally acceptable scores are as follows:
 - minimum total score of 108
 - · minimum score on listening subsection of 28
- minimum score on speaking subsection of 28
 6. You must have completed core clerkships in surgery, internal medicine and pediatrics, prior to submission of your application. Your transcript or mark sheet must indicate the grades or marks you have achieved for your clerkships. Only if you are accepted will you be required to submit the following documentation
 - . Written documentation of a negative Mantoux test (intermediate strength PPD) within 12 months prior to your arrival at the NIH or, for individuals with a positive Mantoux test, a chest X-ray report within the past 12 months.
 - Written documentation of a diphtheria/tetanus booster within the past 10 years.
 - . Written documentation of recent immunization with Rubella vaccine
 - Written documentation of recent immunization with Varicella vaccine
 - Documented proof of immunization or recent immunization with Influenza A and B. • It is strongly encouraged that you have begun or completed your Hepatitis B vaccine
- In addition, if you are accepted, your school must provide the following:
 - 1. Professional liability insurance coverage of \$1,000,000 individual/\$3,000,000 in the aggregate, in U.S. dollars, that would cover you on your elective in the U.S. By signing the NIH/School
 - NIH/School agreement, the school confirms they provide this coverage. If you have met all other requirements listed above, you can purchase sufficient professional liability coverage if your school cannot provide it. It is recommended that students wait to purchase these policies until and if they have been officially accepted to participate.
- 2. Personal health coverage during your elective at the NIH. By signing the NIH/School agreement, the school confirms they provide this coverage. If you have met all other requirements listed above, you can purchase sufficient personal health coverage if your school cannot provide it. It is recommended that students wait to purchase these policies until and if they have been officially accepted to participate.

Note: Applicants who cannot meet all of the above eligibility requirements will not be considered for an NIH Clinical Elective, Medical students from U.S. and Canadian LCME accredited schools. Dental students from CODA/ADA-accredited schools, and Osteopathic students from AOA accredited schools will be given priority consideration for electives. Graduates of medical, dental, or osteopathic schools are ineligible to apply.

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 (irena.malkovska@nih.gov) if you need assistance or have questions



Previous Research Experience at NIH :	No 🔻		
Academic Information			
School Name :			
Student Address at School :			
City:			
State:			
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Zip Code / Postal Code :		ar community should enter NA in th	iis iield
Country / Region :	11-1	•	
Student's Telephone Number at School :		<u> </u>	
Year at Current Level :			
	<u>·</u>		
Current Cumulative GPA :	<u> </u>		
School Grading Scale:	-		
			Grades section. Be sure to describe your school's grading scale and your
	current cumulative average relat		J.S. are required to provide USMLE Step 2 CS. Please provide the date of
Academic resuscores :	your examination and a copy of		s.s. are required to provide conficence 2 to. Flease provide the date of
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			the U.S. [with the exception of Canadian LCME schools] are required to nination, your score, and a copy of your ETS form with the TOEFL Score.
			ppy of ETS form with the TOEFL score.
	^	Total Score	Total score must be equal to or greater than 108 with a minimum score of
	O Internet-based TOEFL score:	Total score	28 on the speaking and listening subsections.
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	(Copy of TOEFL Score)		
			school in the United Kingdom, we will accept a letter from their medical
			n the English language have been assessed and are at a level that the n direct patient care activities. Note: This only applies to students enrolled
	in a medical school in the United		nonect patient care activities. Note: mis only applies to students enroned
Month and Year Degree Expected:			
(i.e. March, 2013)			
Cover Letter			
Include your clinical research interests, ca	areer goals, and reasons for apply	ng for training at the NIH. (Max. 15	,000 characters)
Click here to attach a file			
CV/Resume Include education, relevant clinical resear	rch avnarianca, scientific nublicat	ions honors and awards atc (Ma	v 15 000 characters
	remexperience, scientific publicat	ions, nonors and awards, etc. (Ma	s. 13,000 characters;
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Coursework and Grades:			
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lease provide contact information for t	he Dean of Student Affairs or equivalent and faculty member p	providing letters. Letters and contact information must be from two separate
idividuals. The Dean of Student Affairs (Pean of Student Affairs or equivalent	or equivalent must approve your participation in the Clinical E	lectives Program. **Letters must have official signatures.**
Name :		
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	mmendation from a member of the medical or dental school f	aculty or equivalent.
Address:	Mr.	
Phone:		
E-mail:		
nce your application is complete, an e	mail will be automatically sent to this reference requesting a	on online letter of recommendation
) If you apply for multiple electives with	the same start date, you will be limited to only one acceptan	nce
	n different start dates, you may be accepted up to but no more	than 3 rotations tand apply for the rotation most closely associated with your research area of
nterest.	Thirds to specify the research area in which you have an interest	t and apply for the rotation most closely associated with your research area or
Note: If you are unable to attach	our official transcript or test scores above, they should be sent	to
Coordinator, Clinical Electives Pr		to:
Office of Intramural Training and National Institutes of Health	Education	
Building 10, Room 1N-252		
10 Center Drive, MSC 1158		
Bethesda, MD 20892-1158 lectives		
ectives		

2) If you apply for mul	Itiple electives with the same start Itiple electives with different start esearch tutorial, you must specify th	dates, you may be	accepted up to b	it no more than 3 rotations	ation most closely associated	with your research ar	ea of
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alternate start date.] First Choice: Second Choice:	Elective Select an Elective	▼ Select ar	n Elective n Elective		<u>,</u>	Start Day Any Any	

Graduate Medical Education

OMB Number 0925-XXXX Exp. Date XX/XX/2017 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-xxxx). Do not return the completed form to this **Graduate Medical Education** Residency and Subspecialty Training Application Instructions: Before you begin, you may want to review a statement about privacy. After you fill out the application form below, press the [Submit] button to save your data and complete the application process. Your application information will be sent to _for consideration. You will receive a confirmation by e-mail. In addition to completing this form, please arrange to have letters of recommendation sent from three references who have direct knowledge of your scientific interests, abilities, and accomplishments. Be sure to enter their names and contact information in the spaces provided below and ask them to forward their written recommendations to the address listed in the announcement for this opening. Personal Information Name: Dr. First Name Middle Name Last Name Format : user@server.com To obtain a free e-mail address, Click Here Permanent Address : City State: Permanent Zip/Postal Code : Citizenship Status: Select If US Permanent Resident Country of Citizenship Alien Registration Number Phone Number: Format : (999) 999-9999 Fax Number : 2. Qualifying Information Cover Letter (max 4,000 characters) Curriculum Vitae (max 15,000 characters)
Please include the following data in your CV: USMLE scores, if available, A copy of your ECFMG certificate (if applicable), Medical License, State, Number, expiration date Board Certification (AP, AP/CP, year), Other certification

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Medical Research Scholars Program

Form Approved OMB Number 0925-XXXX Exp. Date XX/XX/2017

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-xxxx). Do not return the completed form to this address.

Medical Research Scholars Program Application

Please read prior to completing your application.

There are two options on this application, save and submit. By pressing save, your application information will be saved for you to return and complete your application and submit at a later date. However, pressing save will not activate requests for letters of recommendation from your listed references.

If you prefer to have your references receive the requests prior to completing your application in its entirety, we recommend entering temporary responses in all fields and pressing submit to activate your requests for letters of recommendation. You may still return to your application at a later date to update your responses. The application system will allow changes to be made up until the deadline. You will need to press the submit button again once you have updated your information to ensure all updates have been retained.

Review of applications will begin after the deadline

Eligibility Criteria:

- 1. This program is intended for medical, dental, osteopathic, and veterinary students. Candidates must currently be enrolled in a medical school accredited by the Liaison Committee on Medical Education, a dental school that is accredited by the Commission on Dental Accreditation, an osteopathic school that is accredited by the American Osteopathic Association, or a veterinary medical college that is accredited by the American Veterinary Medical Association, Council on Education.
- Candidates in double degree, e.g. M.D./Ph.D. programs are eligible to apply.
 The Medical Research Scholars Program is designed for students who have completed their clinical rotations, i.e., third-year, but does not exclude students with strong research interests from applying prior to having completed their clinical rotations.
- 4. Candidates must be U.S. citizens or permanent residents.
- 5. Fourth-year students qualify to apply and participate in the Medical Research Scholars Program. However, accepted fourth-year students must defer graduation before participation.



City: State: Select	Citizenship Status:	999-999-9999 US Citizen If Permanent Resident:
Zip Code:	Previous Research Experience at NIH:	Country of Citizenship Alien Registration No. None
2. Academic Information		
*School Name: (Select one school from the appropriate list) Medical School:		
	* 🔻	
Dental School:	* •	
Osteopathic School:	A .	
Veterinary School:	* •	
	_	
School Grading Scale: Current Year of Medical, Dental, Osteopathic or Veterinary School:		
Coursework and Grades (List only your medical/dental/osteopathic/veterinary so	hool grades)	
For Core Rotations, please indicate (1) date completed; and (2) grade pending, if a If accepted to participate in the MRSP, scholars are required to submit an official r		ry school transcript. The grades entered into the
electronic application are for evaluation purposes only. © Click here to attach a file		
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		P . V . MI II . P
6 Click here to attach a file		
As you receive grades for courses that you are currently taking or grades that are papplication until the application deadline, January 15th.	ending, please add those grades to your	application. You will be able to modify your
4. Undergraduate Transcript		
Click here to attach a file		
5. Research Area(s) of Interest (Limit: 100 characters).		
6. Type of Research you are Interested in Conducting (Select one or more) Basic		
☐ Clinical ☐ Translational		
7. Personal Statement		
Include your research interests, career goals, reasons for applying and expectation Click here to attach a file	ns of your participation in the program. (I	Limit to one page).
8. CV/Resume Upload a plain text version of your curriculum vitae into this space. Minor reforma	tting may be necessary. Include educatio	on, brief relevant research experience, scientific
publications, honors and awards, etc. @ Click here to attach a file		

9. Refer	ences					
	rence 1, please provide contact informati dent status and also approval of your part				or equivaler	nt, who must provide a supporting letter of recommendation that indicates
your sto	Reference 1:	icipation	III the Wills	٠.		
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	Reference 2:					
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	E-mail Address:					Format:user@server.com
	Reference 3:					
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Have did	you hear about this program?					
	select all that apply)					
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	Ad in a student journal; please specify:		•			
	Ad in a meeting program					
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	Exhibit at a meeting; please specify: Career development/opportunities work	shop				
	Flyer					
	Poster					
	From a mentor or advisor					
	From an alumnus/alumna of the program					
	NIH representative visited school					
	Web search					
	THE DESIGNATION					

Other; please specify:

Notice to all applicants:
It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program.

Save Submit

Ph.D. Summer Course

Form Approved OMB Number 0925-XXXX Exp. Date XX/XX/2017

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National Institutes of Health Clinical Center Clinical and Translational Research Course for Ph.D. Students Application

Application Instructions

Before you begin, you may review a statement about privacy.

Prior to submitting your application, you must have the following information requested in this application:

- 1. Biosketch (format)
- 2. Research Advisor's Contact Information

Note: Please be aware that we will contact your advisor using the contact information you provide to request your letter of recommendation. Therefore, please ensure that the information is accurate and that you submit your application in a timely manner

No applications will be accepted after the deadline. You MUST Press the [Submit] button to complete the application process

Eligibility Requirements

In order to be eligible to apply to this course, you must meet the following requirements:

You MUST Press the [Submit] button to complete the application process. **Eligibility Requirements** In order to be eligible to apply to this course, you must meet the following requirements: 1. Attend a U.S. graduate programs leading to a Ph.D. degree in the basic sciences 2. Have completed at least one year of graduate study by July 2013. 3. Currently pursuing first doctoral degree, and not dually-enrolled in a medical degree (MD-PhD) program. 4. Submit a completed application, biosketch, personal statement, and letter of recommendation from academic advisor Personal Information Select ▼ First Name Title Last Name * (This information is for follow-up purposes only) Phone: Email: Academic Information School Name: School Address: School City: School State: School Zip Code: Year at Current Level: Select... Degree Expected (Month, Year):

Degree Expected (Ivionth, Year):	•					
,						
	Biosketch					
Note: Please attach your biosketch using the NIH biosketch format.						
∅ Click here to attach a file*						
	Personal Statement					
	Note: Please attach your personal statement with a maximum of 500 words.					
○ Click here to attach a file*						
	Academic Advisor Contact Information					
Your advisor	will receive an email requesting letter of recommendation once you have submitted your application					
Select ▼	*					
Title First Name L	ast Name					
Phone:						
Email:	*					
Research Interests (up to 5)						
	How did you hear about the course?					
Select						

Resident Electives Program

Form Approved OMB Number 0925-XXXX Exp. Date XX/XX/2017

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Resident Electives Program Application

Instructions: 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. Press the [Submit Your Application] button to complete the application process.

Applicants are advised to apply a minimum of three months prior to the start date of the elective in which they would like to participate.

Eligibility Requirements for the NIH Resident/Fellow Electives Program

In order to be eligible to apply for a resident or fellow elective rotation at the NIH, you must meet the following requirements:

- You must be currently enrolled in an ACGME-accredited residency training program, or You must be currently enrolled in a fellowship training program in the United States.
- 2. You must be in good standing in your residency or fellowship program.
- 3. You must have your program director's approval to participate. Accepted residents and fellows will receive a Program Letter of Agreement from the NIH program director accepting them. A fully executed PLA (signed by your program director, the NIH program director, and officials in the NIH Office of Clinical Research Training and Medical Education, Clinical Center) must be signed by all parties <u>PRIDOR TO THE START OF YOUR ROTATION</u>. This document ensures that you are covered for professional liability and personal health insurance to satisfy the NIH. Please see below for specifics. For Residents, their sponsoring institution's Policy on Duty Hours and Supervision must be attached to the Program Letter of Agreement submitted to the NIH.
- 4. It is understood that the following immunizations will be up to date prior to the start of any rotation at the NIH:
 - A negative Mantoux test (intermediate strength PPD) within 12 months of any start date (or for individuals with a positive Mantoux test, a negative chest X-ray report within the past 12 months.)
 - A diphtheria/tetanus booster within the past 10 years.
 - · Recent immunization with Rubeola vaccine.
 - Recent immunization with Varicella vaccine.
 - Recent immunization with Influenza A and B.
 - · Recent immunization with Hepatitis B vaccine.

In addition, your training institution must provide the following:

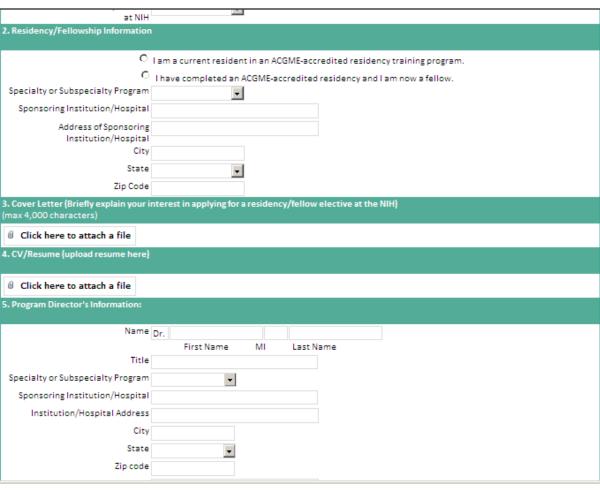
Professional liability insurance coverage of \$1,000,000 individual/\$3,000,000 in the aggregate that will cover you on your rotation at the NIH. By signing
the NIH/Program Letter of Agreement your training institution confirms they provide this coverage. If your training institution does not provide
professional liability coverage at this specified level of coverage, you will need to purchase a policy that will cover you.

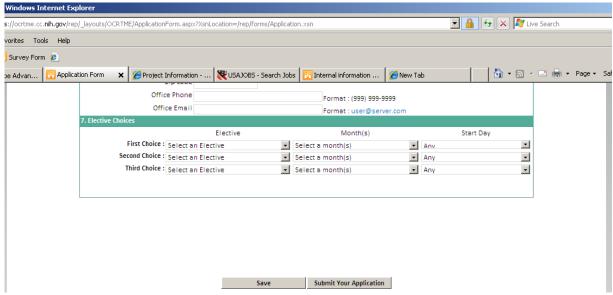
cover you.

Personal health coverage for you during your rotation at the NIH. By signing the NIH/Program Letter of Agreement, your training
institution confirms they provide this coverage, along with salary and benefits. If you have met all other requirements listed above but
your training institution does not provide personal health insurance coverage for you, you can purchase sufficient personal health
coverage on your own.

Note: Applicants who cannot meet all of the above eligibility requirements will not be considered for an NIH elective rotation.

1. Personal Information				
Name	Dr. First Name	MI	Last Name	^
Degree	Select ▼			
E-mail			* Format : use	r@server.com
Current Home Address				
City				
State	-			
Zip code	_			
Home Phone Number				
Mobile Phone Number				
Current PGY Level	•			
Citizenship Status	•			
	If Permanent Resident:			
	Country of Citizenship		_	
	I am on an ECFMG spo			, o
	I am on an H-1 visa:	Yes C	No C	
	Other (Please specif	y):		
Previous Research Experience at NIH	_			
2. Residency/Fellowship Information				





Principles of Clinical Pharmacology

PRINCIPLES of —— Form Approved CLINICAL PHARMACOLOGY: ADMINISTRATION OMB Number 0925-XXXX Exp. Date XX/XX/2017

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Course Set-Up Students R	eports	Enter Attendan	ce <u>Remote Sites</u>	<u>Discussions</u>	FAQ	» <u>Loq Out</u>		
Student Registration Form								
PCP Registration Form								
 Complete the form below and of terms in *RED are required for Lectures will be held on Thurs 	processin	g γour enrollment		nitheater				
Student Information								
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Position /	Title:							
Training Program (if applic	able)							
*Affili:) NIH - Institute) FDA - Section:) Academia) Industry) Other Please Spi		ne				
*Preferred Mailing Add	tCipe							

	D.D.S. Other		
If "Other", please specify (comma separate):			
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Training Program (if applicable)			
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Country:			
*Telephone:			
Fax:			
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Personal Email Address:			
*Password (at least 4 characters):			
	Register Reset		

Introduction to the Principles and Practice of Clinical Research



IPPCR Administration

Form Approved OMB Number 0925-XXXX Exp. Date XX/XX/2017 Fall 2013

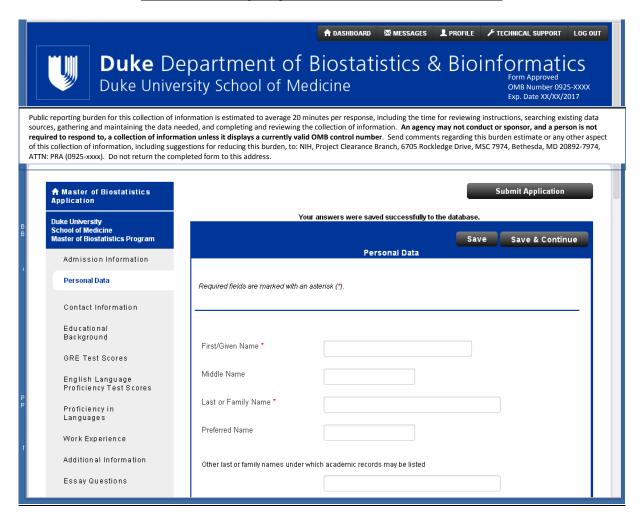
Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency 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-xxxx). Do not return the completed form to this address.

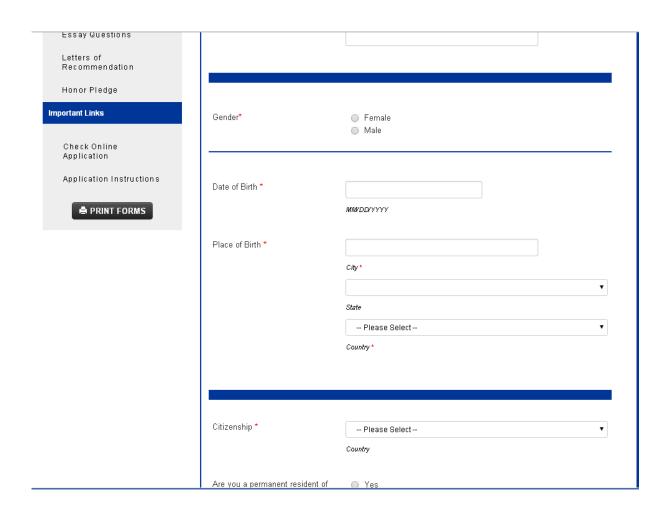
Course Set-Up Students Reports	Attendance	Remote Sites	Test	Discussions	FAQ	Download		
Student Registration Form								
Student Information								
Title: *First Name:		Middle Ini	tial:	Last Name:				
Choose One			[
Check the following box if you are particip		se on the NIH camp	ous in Be	thesda, MD:				
*Email Address (required to receive confirmation of								
enrollment):								
Personal Email Address:								
*Password (at least 4 characters):								
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*NIH Building		
(or Street Address 1):		
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(or Street Address 2):		
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NIH-Duke Training Program in Clinical Research (NIH-DUKE)





If you are an international applicant, do y	
	Yes No
If you are an international applicant and	currently hold a U.S. visa, what visa type do you currently hold?
	▼
If you are an international annlicant and	if Other, please specify currently do not hold a U.S. visa, what visa type will you need?
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	If Other, please specify
In order to meet Federal requirements	on the collection and reporting of race/ethnicity, please answer the following:
Are you Hispanic or Latino?	O Yes O No
Please choose the response that best describes the way you	White
identify yourself:	☐ Black/African American ☐ Asian
	American Indian/Alaska Native
	Not Specified Native Hawaiian/Other Pacific Island
	Save Save & Continue Reset

	▼ If Other, please specify
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Please choose the response that best describes the way you identify yourself:	 White Black/African American Asian American Indian/Alaska Native Not Specified Native Hawaiian/Other Pacific Island
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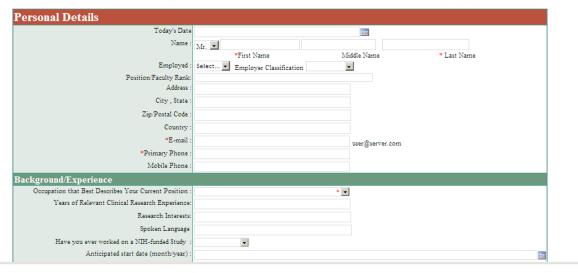
Submit Application

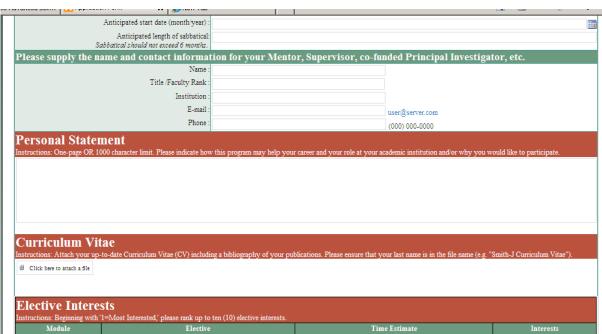
Sabbatical in Clinical Research Management

Form Approved OMB Number 0925-XXXX Exp. Date XX/XX/2017

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Instructions: Before you begin, you may want to review a statement about privacy. Please review application tips before beginning

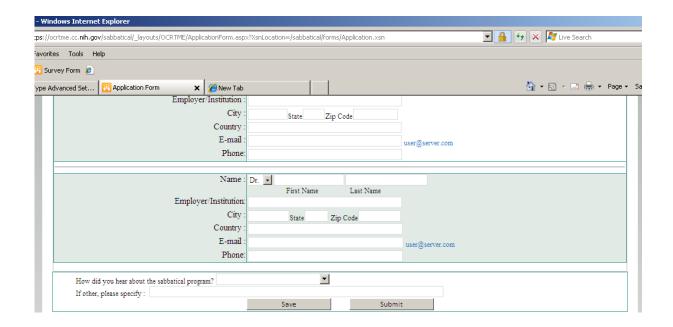




Module 1 : Critical Infrastructure	Protocol Implementation and Protocol Tracking	1 one-hour session	1 month	Select
Citical initiastructure	Scientific Peer Review	1 one-hour session	8 hours	Select
	Bioethics Applied to Clinical Research	1 one-hour session	3 month	Select
	Managing a Human Research Protection Program (HRPP)	1 one-hour session	1 month	Select ▼
	Clinical Research Training	1 one-hour session	1 week	Select
	Managing International Clinical Research	1 one-hour session	8 hours	Select
	National Center for Advancing Translational Sciences (NCATS): Clinical and Translational Science Awards (CTSA) program	5 one-hour sessions	-	Select
Module 2: Support Service	Principles of Clinical Research Data	3 one-hour sessions	-	Select
	Informatics in Clinical Management	1 one-hour session	1 month	Select
	Research Nursing	observational experience		Select
	Pharmacy	1 one-hour session	1 month	Select
	Good Laboratory Practice and Development of Biologicals	3 one-hour sessions		Select
	Social Work	1 one-hour session	1 week	Select
	Nutrition	1 one-hour session	2 weeks	Select
Module 3:	DHHS Office of Human Research Protection (OHRP)	1 one-hour session		Select ▼
Legal and Regulatory	Regulatory Issues in Drug Development (FDA Regulation and ICH Guidelines)	2 one-hour sessions	3 weeks	Select
	Institutional Accreditation and Compliance	1 one-hour session		Select
	Laboratory Testing in a Clinical Research Facility	3 one-hour sessions		Select
	Technology Transfer: Collaboration and Inventions	1 one-hour session	4 weeks	Select
	Conflicts of Interest	1 one-hour session	4 hours	Select

Select.. Technology Transfer: Collaboration and Inventions • 1 one-hour session 4 weeks Conflicts of Interest Select.. -1 one-hour session 4 hours Module 4: -Patient Recruitment 3 one-hour sessions 1 week Select.. Communications -Media Relations and Communications 1 one-hour session 2 days Select.. Module 5 : Strategic Communication Planning and Development of a Research Hospital's Budget 1 one-hour session Select.. -Clinical Quality and Patient Safety Performance Management-Assessment & Metrics one-hour session -Select... Module 6 : Funding Opportunities oundation for the NIH (FNIH) 4 hours 4 Select... References
Instructions: Please supp Name : Dr. ▼ First Name Last Name Employer/Institution City State Zip Code Country E-mail user@server.com Phone Name : Dr. First Name Last Name Employer/Institution City State Zip Code Country

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NIH Clinical Center Department of Bioethics Fellowship Program

Form Approved OMB Number 0925-XXXX Exp. Date XX/XX/2017

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NIH Clinical Center Department of Bioethics Fellowship Program

Instructions: Before you begin, you may want to review the FAQs.

Applications are welcomed from those who have an interest in bioethics, but no previous bioethics experience is required. Fellowship selection is competitive and will take into account evidence of academic achievements and analytic thinking and ability to contribute to bioethics scholarship. Only complete applications submitted by the posted due date will be considered.

You may submit your application as often as you want up to the deadline. The application will update each time you submit but your references will not be contacted unless you hit the submit button. If you save your application, your references will not be contacted. You should attach a place holder or enter "will follow" in required fields and hit "submit" rather than "save" so that your references are given ample time to respond. The save option should only be used if you are pulled away from the application in the course of applying and want to save it to that point.

Eligibility Criteria:

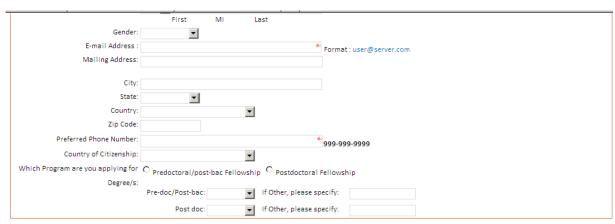
Pre-doctoral/post baccalaureate fellows:

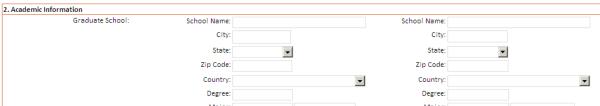
- 1. Completed or expected to complete undergraduate or masters degree prior to start of fellowship;
- 2. Completion of last degree no more than 5 year prior to the fellowship.
- 3. Planning to pursue MD, JD, PhD or other degree in related field;

Post-doctoral fellows:

- 1. Completed or expected to complete graduate degree (MD, JD, PhD or other in related field) prior to start of fellowship;
- 2. Completion of graduate degree no more than 5 years prior to the fellowship;







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7. Graduate	and Undergraduate Transcripts (Please				d if you are offered a fellowship)	
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Clinical Research Training On-Line Course for Principal Investigators

CLINICAL RESEARCH TRAINING National Institutes of Health

Form Approved OMB Number 0925-XXXX Exp. Date XX/XX/2017

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Register <u>« Back</u>

- 1. Complete the form below and click the Continue button.
- 2. Items in *RED are required for processing your enrollment.
- In order to receive certification for completing this course, you will need to provide your email address and choose a password. It is suggested that you choose a password that you can easily remember.
- 4. **Note**: If you are taking this course to fulfill the Training and Education Standard issued by the NIH for conducting clinical research in the intramural research program, you MUST input your NIH Institute or Center (IC) in the drop down list to receive credit for completing this course.

Student Inform	ation			
Title:	*First Name:	Mi	iddle Initial:	*Last Name:
Choose One 💟				
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If your IC is not listed above or you are not affiliated with the NIH,		
enter the name of your organization:		
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