

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

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.

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 for the NIH Clinical and Translational Research Course for Ph.D. Students](#)

Personal Information

Academic Information

Research Information

Review and Submit

Contact Details

Title*: ▼

First Name*:

Last Name*:

Phone Number*:

Email Address*:

Save

Cancel

Please e-mail technical questions or comments to Phdsummercourse@nih.gov | [Privacy Policy](#) | [Legal Disclaimer](#)



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.

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NIH, Project Clearance Branch,
6705 Rockledge Drive, MSC 7974,
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Do not return the completed form to this address.

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[Eligibility Requirements for the NIH Clinical and Translational Research Course for Ph.D. Students](#)

- Personal Information
- Academic Information**
- Research Information
- Review and Submit

Academic Contact Information

School Name*:

City:

State: NA

Current Academic Program/Major*:

Year at Current Level*: Select

Degree Expected (Month, Year)*:

Biosketch

Please attach/Upload a Biosketch file:

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Research Advisor Contact Information

Your research advisor will receive an email requesting letter of recommendation once you have submitted your application

Title*:

First Name*:

Last Name*:

Phone Number*:

Email Address*:

Research Interests (up to 5)*

Feedback*

How did you hear about the course?:

Please e-mail technical questions or comments to Phdsummercourse@nih.gov | [Privacy Policy](#) | [Legal Disclaimer](#)

