

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.

## 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:

1. 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 **PRIOR TO THE START OF YOUR ROTATION**. 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:

1. 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.
2. 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.	<input type="text"/>	<input type="text"/>
		First Name	Last Name
Degree	Select...	MI	<input type="text"/>
E-mail	<input type="text"/>		Format : user@server.com
Current Home Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>		

SELECT...

E-mail  Format : user@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 Green Card/Alien Registration Number

I am on an ECFMG sponsored J-1 visa: Yes  No

I am on an H-1 visa: Yes  No

Other (Please specify):

Previous Research Experience

at NIH

2. Residency/Fellowship Information

I am a current resident in an ACGME-accredited residency training program.

I have completed an ACGME-accredited residency and I am now a fellow.

Specialty or Subspecialty Program

Sponsoring Institution/Hospital


Address of Sponsoring Institution/Hospital

City


State

Zip Code

3. Cover Letter (Briefly explain your interest in applying for a residency/fellow elective at the NIH)  
(max 4,000 characters)

 [Click here to attach a file](#)

4. CV/Resume (upload resume here)

 [Click here to attach a file](#)

5. Program Director's Information:

Name Dr.

First Name MI Last Name

Title

Specialty or Subspecialty Program

Sponsoring Institution/Hospital

Institution/Hospital Address

City

State

Zip code

Office Phone  Format : (999) 999-9999

Office Email  Format : user@server.com

6. Faculty Reference Information:

Name Dr.

First Name MI Last Name

3. Cover letter (briefly explain your interest in applying for an internship; refer to the link)  
(max 4,000 characters)

[Click here to attach a file](#)

4. CV/Resume (upload resume here)

[Click here to attach a file](#)

5. Program Director's Information:

Name	Dr.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		First Name	MI	Last Name
Title	<input type="text"/>			
Specialty or Subspecialty Program	<input type="text"/>			
Sponsoring Institution/Hospital	<input type="text"/>			
Institution/Hospital Address	<input type="text"/>			
City	<input type="text"/>			
State	<input type="text"/>			
Zip code	<input type="text"/>			
Office Phone	<input type="text"/>			Format : (999) 999-9999
Office Email	<input type="text"/>			Format : user@server.com

6. Faculty Reference Information:

Name	Dr.	<input type="text"/>	<input type="text"/>	<input type="text"/>
		First Name	MI	Last Name
Title	<input type="text"/>			
Specialty or Subspecialty Program	<input type="text"/>			
Sponsoring Institution/Hospital	<input type="text"/>			
Institution/Hospital Address	<input type="text"/>			
City	<input type="text"/>			
State	<input type="text"/>			
Zip code	<input type="text"/>			
Office Phone	<input type="text"/>			Format : (999) 999-9999
Office Email	<input type="text"/>			Format : user@server.com

7. Elective Choices

	Elective	Month(s)	Start Day
First Choice :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Choice :	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Choice :	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Submit Your Application](#) [Save](#)