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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

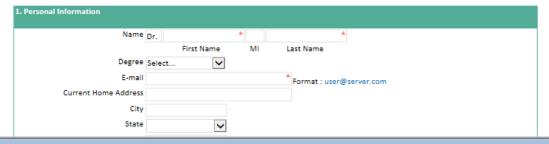
In order to be eligible to apply for a resident or fellow elective rotation at the NIH, you must meet the following requirements:

- 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.
- 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:

- 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.
- 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.



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at NIH	<u> </u>	
2. Residency/Fellowship Information		
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	ave completed an ACGME-accredited residency and I	am now a fellow.
Specialty or Subspecialty Program	ightharpoons	
Sponsoring Institution/Hospital		
Address of Sponsoring Institution/Hospital		
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Zip Code	_	
3. Cover Letter (Briefly explain your in	rest in applying for a residency/fellow elective at th	e NIH)
(max 4,000 characters)		
Click here to attach a file		
4. CV/Resume (upload resume here)		
4. CV/Resume (upload resume here) © Click here to attach a file		
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Submit Your Application Save