# CLINICAL RESEARCH TRAINING
## National Institutes of Health

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## Register

1. Complete the form below and click the **Continue** button.
2. Items in *RED are required for processing your enrollment.
3. 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 Information

**Title:** Choose One ▾     **\*First Name:** [ ]     **Middle Initial:** [ ]     **\*Last Name:** [ ]

**\*Please choose a statement below that describes your status, by clicking one of the radio buttons.**

○ I am currently a principal investigator with a protocol approved through the National Institutes of Health (NIH), Clinical Center. I will be taking this course to fulfill the Training and Education Standard issued by the NIH for conducting clinical research in the Intramural Research Program.

◉ I am not an NIH principal investigator and will be taking this course to enhance my knowledge of clinical research.

**\*Email Address:** [ ]

**\*Password (at least 4 characters):** [ ]

**\*Degree:** Choose One ▾

**\*Password (at least 4 characters):** [_____]

**\*Degree:** [Choose One ▾]

**If your PRIMARY degree is not listed above, enter it here:** [_____]

## Contact Information

**\*Telephone and (area code):** [____] [_____]

**Fax and (area code):** [____] [_____]

**Pager and (area code):** [____] [_____]

## Affiliation

**\*NIH Institute/Center (IC):** [Choose One ▾]

**If your IC is not listed above or you are not affiliated with the NIH, enter the name of your organization:** [_____]

**Lab/Branch/Department:** [_____]

**\*NIH Building (or Street Address 1):** [_____]

**\*NIH Room (or Street Address 2):** [_____]

**Mail Stop Code (4 digits):** [_____]

**\*Country:** [Choose One ▾]

**\*City:** [_____]

**\*State:** [Choose One ▾]

**\*NIH Building**
**(or Street Address 1):**

**\*NIH Room**
**(or Street Address 2):**

**Mail Stop Code (4 digits):**

**\*Country:**  Choose One ▾

**\*City:**

**\*State:**  Choose One ▾

**\*Zipcode:**

**Continue**

- Please direct administrative questions about the course to:
  **cc_od_ocrtme_crt@mail.nih.gov**.
- If you experience technical problems completing this form, please complete the **Technical Support Form**.

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