

## NATIVE AMERICAN VISIT WEEK - APPLICATION

OMB Clearance Number: 0925-0299  
Expiration Date: 30-Jun-2019

### PERSONAL INFORMATION

Title: \*

First Name (Given Name):\*

Last Name (Family Name):\*

### CONTACT INFORMATION

E-mail Address:\*

(check accuracy)

Phone Number:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

### ACADEMIC INFORMATION

School Name:

(complete name, no acronyms)

School State:

Current Education Level:

Academic Major:

### REFERENCE INFORMATION

Reference Title:\*

**Reference First Name (Given Name):\***

**Reference Last Name (Family Name):\***

**Reference E-mail Address:\***

(check accuracy)

**Reference Phone Number:**

## EDUCATIONAL HISTORY AND GOALS

**Your Affiliation:\***

**Describe your career, educational goals, and motivation for attending NIH visit week.**

The NIH is committed to maintaining its stature as a premiere research institution by building an inclusive workforce, fostering an environment that respects the individual, and offering an opportunity for each person to develop his or her full potential in the pursuit and support of science. We welcome trainees of all genders, races, ethnicities, physical abilities, and socioeconomic backgrounds.

**Provide a brief list of your research interests, example: particular disease, condition, etc...**

(limit 150 character, including spaces)

[Submit Survey](#)   [Cancel](#)

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

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 (0925-0299). Do not return the completed form to this address.

