

POSTBACCALAUREATE IRTA PROGRAM

OMB Clearance Number: 0925-0299

Expiration Date: [30-June-2019](#)

PROGRAM APPLICATION

Before you begin, watch a new video: [Applying to the NIH Postbac Program.](#)

Instructions: Before you begin, you may want to review some [helpful hints](#) on using this electronic form and our [privacy statement](#). This form allows you to save a partially completed application. To take advantage of this feature, please proceed as follows:

- Complete the first section of the form and enter as much additional information into the form as you would like.
- Press "Save Partial Application & Quit" to save the information you have entered thus far, and return later to complete your application.
- When you first submit your partial application, you will automatically receive a confirmation email containing login information and instructions for accessing the online tool that allows you to review, modify, and complete your application.

Once you **complete** your application, press "Preview Completed Application." You will be taken to a page displaying the information you have provided. To submit your completed application, you must then click the "Save" button on the Preview page.

IMPORTANT NOTE: NIH investigators and administrators can access **completed** applications only; they cannot review partial applications.


Tips for Applying Successfully:

1. To apply most efficiently to the Postbac IRTA program, review the [Postbac IRTA program description](#) and the associated "[Frequently Asked Questions](#)" before beginning your online application.
2. Be sure that the email addresses you provide for your references are accurate. Incorrect email addresses will delay the processing of your application and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, you will need to rely on the use of capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and encourage your references to submit their letters promptly using our online system.
6. NOTE: There is no deadline for applying to the Postbac IRTA program; applications are accepted on a rolling basis.

Eligibility Criteria:

1. All candidates must be U.S. citizens or permanent residents.
2. Candidates for the Postbac IRTA Program must be
 - college graduates who received their bachelor's degrees less than THREE years prior to the date they begin the program,
 - individuals who are more than 3 years past the receipt of their bachelor's degree but received a master's degree less than SIX MONTHS before they begin the program, or
 - students who have been accepted into graduate or professional (medical, dental, pharmacy, veterinary, etc.) school and who have written permission from their school to delay entrance for up to one year to pursue a biomedical research project at the NIH.

- All candidates must intend to apply to graduate or professional (medical, dental, pharmacy, nursing, veterinary) school during their tenure at the NIH.
- You may not apply more than NINE MONTHS before you expect to receive your bachelor's and/or master's degree.

 Indicates a required field.

1. Personal Information


You must enter this information if you wish to save your application.

Name:
Prefix First MI Last

Email Address:  Format: user@server.com

Preferred Phone Number:  Format: (999) 999-9999

Citizenship Status: 

Bachelor's Degree Date: / Month and Year Degree Received/Expected (mm/yyyy) 

Master's Degree Date (if applicable): / Month and Year Degree Received/Expected (mm/yyyy)

I have been accepted into graduate or professional (medical, dental, pharmacy, veterinary, etc.) school and have written permission from my school to delay entrance for up to a year to pursue a biomedical research project at the NIH.

Yes No 

Personal Information - Continued

Permanent Address: 

Address Line 2:

City: 

State: 

(Use DC for District of Columbia and NA if your permanent address is not in the U.S.)

Zip Code:

Country/Region: 

Permanent Home Phone:  Format: (999) 999-9999

Relative at NIH: [Help: Definition of "relative"](#)

Yes No 

If yes, enter the Name and Institute/Center of each Relative (please list all):

2. Academic Information

Bachelor's Degree:

Bachelor's Institution: 

Cumulative GPA:

Grading Scale:

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Undergraduate Academic Major: or

Bachelor's Degree Type:

Master's Degree: (if applicable)

Master's Institution:

Cumulative GPA:

Grading Scale:

Master's Degree Type:

Education Plans: or

Note: Please indicate the degree you plan to pursue after completing your time at NIH.

3. Coursework and Grades

Please enter all the courses you have completed, not just your science courses, Also enter any courses you are currently taking or in which you will enroll during your final semester. As you receive grades for these courses, add them here using the Modify Application tool.

Course Title

Grade

Course Title	Grade

4. CV/Resume

Copy and paste a plain text version of your curriculum vitae into this space. Minor reformatting may be necessary. Include education, relevant research experience, volunteer or community service activities, teaching/mentoring experience, leadership experience, honors and awards, publications, etc.

5. References

Once you submit your completed application, an email request for a letter of recommendation will automatically be sent to each of the following individuals:

Reference 1:

Name:
Prefix First MI Last

Phone:

Email:  Format: user@server.com

Reference 2:

Name:
Prefix First MI Last

Phone:

Email:  Format: user@server.com

Reference 3:

Name:
Prefix First MI Last

Phone:

Email:  Format: user@server.com

6. Research Interest Keywords:

Please provide a brief list of your research interests (limit 150 characters, including spaces). NIH investigators may search on this field to find applicants whose research interests match their own. You may wish to enter terms that describe particular diseases or conditions (e.g., Alzheimer's disease, macular degeneration, obesity); the techniques you are interested in applying (e.g., two-photon microscopy, patch clamping, rapid sequencing, bioinformatics); or general subject areas (such as epidemiology, public health, molecular neuroscience).

7. Cover Letter:

Please write a cover letter outlining your research interests, career goals, and reasons for applying for training at the NIH.

8. Training Locations

Training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train. ●

- Bethesda, MD (main NIH campus)
- Frederick, MD (some NCI labs)
- Baltimore, MD (most NIA labs and all NIDA labs)
- Research Triangle Park (Raleigh/Durham), NC (NIEHS only)
- Hamilton, MT (limited positions in NIAID)
- Phoenix, AZ (limited positions in NIDDK)
- Detroit, MI (limited positions in NICHD)
- Framingham, MA (limited positions at NHLBI)

How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

Notice to all applicants:

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application or provided during an interview may be grounds for denying your candidacy or removing you from the program.

[Save Partial Application & Quit](#)

[Preview Completed Application](#)

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 45 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.

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