

NIH ACADEMY FELLOWS & NIH ACADEMY CERTIFICATE PROGRAM - APPLICATION

OMB Clearance Number: 0925-0299

Expiration Date: 30-Jun-2019

Applicants to the NIH Academy must meet one of the following criteria before completing this form:

- I have accepted a position and already started my training at NIH.
- I have accepted a position at NIH, but haven't begun my training.
- I do not yet have a position at NIH, but have completed the Postbaccalaureate Training Program application.

Indicate your current status:*

First Name (Given Name):*

Last Name (Family Name):*

NIH or University E-mail Address:*

(check accuracy)

Permanent E-mail Address:*

(check accuracy)

Institute-Center:

Which NIH Campus will you be performing your post-baccalaureate research training?:

What is your projected arrival date?:

(format: June 2018)

Program of Interest:*

Letter of Interest:*

(Limit the size of your letter to no more than two-pages single spaced.)

Discuss a health disparities topic of interest to you. Why is it important and what is currently being done to address this disparity?:*

Describe a time when you had to be resilient.*

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 15 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.

