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SUMMER INTERNSHIP PROGRAM
SIP APPLICATION CENTER

Sign In

Login (Email Address):

Password (case sensitive):

Forgot your password?

Sign In

Don't have an SIP Account?

Create a new account

Security Guidelines

As an account holder for this site, you are responsible for maintaining the confidentiality of your account, including your password, and for monitoring any and all activity associated with it. You agree to notify us immediately of any unauthorized use of your account or password or any other breach of security. You also agree that you will not use anyone else's SIP account at any time.

To keep your account secure, please follow these tips:

- Always sign out when you have completed your session in the system.
- Avoid using the same password for multiple online accounts.
- Choose a password only you know, and do not share it with anyone.
- When creating your account, use an email address that is personal and private, controlled by only you and not shared with anyone, even family members.
- Consider resetting your password periodically to enhance the security of your account. If you suspect that someone knows your login credentials, change your password without delay.

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SUMMER INTERNSHIP PROGRAM
CREATE ACCOUNT

Primary Email Address

⬤ All fields are required.

Only one account can be created for each email address. Do not share your account with anyone else.

Confirm Primary Email Address

⬤

Terms and Conditions

This U. S. Federal Government system is to be used by authorized users only. Information from this system resides on computer systems funded by the government. The data and documents on this system include Federal records that may contain sensitive information protected by various Federal statutes, including the Privacy Act, 5 U.S.C. § 552a.

All access or use of this system constitutes user understanding and acceptance of these terms and constitutes unconditional consent to review, monitoring and action by all authorized government and law enforcement personnel. While using this system your use may be monitored, recorded and subject to audit.

Unauthorized user attempts or acts to (1) access, upload, change, or delete or deface information on this system, (2) modify this system, (3) deny access to this system, (4) accrue resources for unauthorized use or (5) otherwise misuse this system are strictly prohibited. Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties.

By selecting the "Create Account" button, you are agreeing to the above Terms and Conditions.

Create Account

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SUMMER INTERNSHIP PROGRAM
CONFIRMATION

Action Required: Your account was successfully created and now must be activated.

We have sent an email verification link to the address you entered, **wagnerpa@od.nih.gov**. The link will expire after 72 hours. Please check your email and follow the link to verify your email address and continue the account activation process.

Please allow up to ten minutes for the message containing the link to be delivered. If you do not find it in your Inbox, please check your spam folder. If, after ten minutes, you have not received the message, contact us. Be sure to do so well before the March 1 application deadline.

Continue

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SUMMER INTERNSHIP PROGRAM
ACTIVATE ACCOUNT

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

Email Confirmed
Thank you for confirming that your email address is <ADDRESS>.
To activate your new account, please provide the additional account
activation period expires, DATE TIME. If you neglect to activate
your account by then, you will have to start again from the
beginning, creating a new account and re-verifying your emaiil
address.

Security Guidelines
As an account holder for this site, you are responsible for
maintaining the confidentiality of your account, including your
password, and for monitoring any and all activity associated with
it. You agree to <u>notify us</u> immediately of any unauthorized use of
your account or password or any other breach of security. You
also agree that you will not use anyone else's SIP account at any
time.

To keep your account secure, please follow these tips:

- Always sign out when you have completed your session in
  the system.
- Avoid using the same password for multiple online accounts.
- Choose a password only you know, and do not share it with
  anyone.
- When creating your account, use an email address that is
  personal and private, controlled by only you and not shared
  with anyone, even family members.
- Consider resetting your password periodically to enhance the
  security of your account. If you suspect that someone knows
  your login credentials, <u>change your password</u> without delay.

Name
Please enter your full name.

Prefix
[Select ▼] ●

First Name
[   ] ●

Middle Initial
[   ]

Last Name
[   ] ●

Phone Number
Please enter your permanent home phone number.

Home Phone
[   ] ●

Permanent Address

Address Line 1
[   ] ●

Address Line 2
[   ]

City
[   ] ●

State
Enter **DC** for District of Columbia, and
NA if your permanent address is not in the U.S.

[   ] ●

Zip Code
[   ]

Country/Region
[United States ▼] ●

Password

Please enter a [strong password](#).

Password

[   ] ● (8–30 characters)

Confirm Password

[   ] ●

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 th study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifier 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.

Activate account

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SUMMER INTERNSHIP PROGRAM
SIP APPLICATION CENTER

Welcome, **Patricia.** To start, you must complete the Eligibility and Application Requirements form below.

Account Manager
Update Contact Information
Change Password | Change Email
Name: Mx. Patricia M Wagner
Email: wagnerpa@od.nih.gov
Home Phone: (240) 476-3619
Permanent Address: 2 Center Drive Building 2 / 2nd Floor Bethesda, MD 20892 United States

Eligibility and Application Requirements
We must know a little bit more about you before you can start an SIP application. To determine your eligibility and application requirements please press 'Continue'.
Continue

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SUMMER INTERNSHIP PROGRAM
PROGRAM ELIGIBILITY

Instructions: Applicants to this program must complete all fields on this form. Your responses will determine your eligibility and application requirements.

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

● Indicates a required field.   ◎ Indicates a help button.

Eligibility Questions

What is your current education level?
[▲▼] ● ◎

What year are you in?
[▲▼] ●

In the fall of 2019, will you be enrolled in Community College, College, Graduate School, Dental School, or Medical School?
○ Yes ○ No ●

Will you be at least 18 years of age by June 15, 2019?
○ Yes ○ No ●

Will you be at least 17 years of age by June 15, 2019?
○ Yes ○ No ●

At the time of application, do you reside within 40 miles of the nearest NIH facility?
○ Yes ○ No ● ◎

Cancel

Save

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SUMMER INTERNSHIP PROGRAM
PROGRAM ELIGIBILITY

You are eligible for the Summer Internship Program and will need to complete the standard SIP application form.

Please press the 'Continue' button to proceed.

Continue

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SUMMER INTERNSHIP PROGRAM
SIP APPLICATION CENTER

Welcome, **Patricia.** To start your standard version of the SIP application form, please read the instructions and then press the [APPLY NOW] button located at the bottom of the form.

Account Manager
Update Contact Information
Change Password	Change Email
Name: Mx. Patricia M Wagner
Email: wagnerpa@od.nih.gov
Home Phone: (240) 476-3619
Permanent Address: 2 Center Drive Building 2 / 2nd Floor Bethesda, MD 20892 United States

Application Manager

To create your application, please read the instructions and then press the [APPLY NOW] button located at the bottom of the form.

Instructions: You must use this application to apply to the general Summer Internship Program (SIP) and/or one of the subprograms. Before you begin, you may want to review some helpful hints on using this electronic form and our privacy statement.

Eligibility Criteria:
1. Candidates must be eighteen years of age* by June 15, 2019.
2. Candidates must be U.S. citizens or permanent residents.
3. U.S. citizens are eligible to apply if they are enrolled at least half-time in an accredited college or university as an undergraduate, graduate, or professional student. Students who have been accepted into an accredited college or university program may also apply.
4. Permanent residents must be enrolled at least half-time or have been accepted into an accredited institution in the U.S. **in the U.S.**
5. NOTE: Be aware that special eligibility criteria and deadlines may apply to applicants who choose one of the SIP subprograms (CCSEP, C-SOAR, AMGEN, G-SOAR, GDSSP, SGI, and BESIP) listed in Section 9 at the bottom of the application form.

* Individuals who are in college (including community college) or graduate/professional school at the time of application but who will be 17 years of age on June 15, 2019, should contact the NIH to inquire about a waiver of this age requirement.

Application Tips:
The application form allows you to save a partially completed application. To take advantage of this feature:

1. After you have read these instructions, select the "Apply Now!" button at the bottom of the page.
2. Enter as much information into the form as you would like. Note that you must complete certain fields in order to save a partial application.
3. To save your partial application, press "Preview Partial Application," review the information you have entered, and select the "Save" button on the Preview page. After submitting your partial application, you will be able to sign in to the SIP Application Center any time before the application deadline, to review, modify, and complete your application. To be considered for the program, you **must** return before the March 1 application deadline to complete your application.
4. Once you have completed all required fields and are ready to submit your application, press "Preview Completed Application." Review the information you provided to ensure it is accurate, and select the "Save" button on the Preview page.

Only **completed** applications are available for review by NIH investigators and administrators; partial applications are **not** accessible.

IMPORTANT NOTE: The deadline for receipt of completed SIP applications is **March 1, 2019** (11:59 PM, Eastern Time). Applications that are incomplete after the March 1 deadline will not receive further consideration. If you apply to one or more SIP subprograms (CCSEP, C-SOAR, AMGEN, G-SOAR, GDSSP, SGI, BESIP), special deadlines may apply. Please check the SIP webpage, https://www.training.nih.gov/programs/sip, or follow the links in Section 9 for information about the subprograms.

Please take the time to read the following additional advice carefully.

- Please read the "Summer Internship Program page" and "SIP Frequently Asked Questions" before beginning your online application.
- Be sure that the email addresses you provide for your references are accurate. Incorrect email addresses will result in your references' not receiving the request for a letter of recommendation and could result in your application's not receiving full consideration.
- Please note that, for security reasons, the application 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., might be lost or altered. To ensure your data appear as you intend, compose your inputs to the longer fields on the form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, use capital letters, white space, asterisks, and other standard keyboard characters. Preview your application carefully to ensure it looks the way you want it to.
- 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.
- Complete your application as early as possible and ensure that your references submit their letters promptly using our online system. Due to the volume of applications we receive — and to ensure the authenticity and privacy of letters regarding applicants to our programs— we cannot accept letters submitted by email or as hard copies. All letters of recommendation must be submitted through our online system.
- Letters of recommendation are due no later than **March 15, 2019**, at 11:59 PM, ET. We will not accept letters after that time.
- IMPORTANT: SIP includes several subprograms designed to help build a diverse and inclusive scientific workforce (CCSEP, C-SOAR, AMGEN, G-SOAR, and GDSSP). These subprograms may have deadlines that are earlier than the deadline for the general SIP program. If you apply to one of these subprograms, you must submit your application before the subprogram deadline AND contact your references to let them know the deadline for receipt of their letters. If you select a subprogram for which you are not eligible, it could have a negative effect on your chances of being selected for an internship.
- If you have questions after reading the SIP FAQs, please address questions to Summer_Postbac_Questions@mail.nih.gov.

☐ I have read and understood the general eligibility requirements and instructions.

Apply Now!

Eligibility and Application Requirements

Based on the information you provided we have determined that you are eligible to submit the **standard version** of the SIP application form.

If your situation changes during this application period you can review and update your responses.

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SUMMER INTERNSHIP PROGRAM
PROGRAM APPLICATION

OMB No. 0925–0299
Expiration Date 06/30/2019
Respondent Burden

① ———— **②** ———— **③**

Enter Information   Preview & Save   Review Confirmation

Instructions: Complete all the required fields below and press the appropriate button at the bottom of the form to save your information.

If would like to review the complete instruction guide again please read the instructions and eligibility requirements.

● Indicates a required field.   ❓ Indicates a help button.

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

Application No:	TBD
Name:	Mx. Patricia M Wagner
Email Address:	wagnerpa@od.nih.gov
Permanent Home Phone:	(240) 476–3619
Permanent Address:	2 Center Drive Building 2 / 2nd Floor Bethesda, MD 20892 United States
Enrollment:	Are you currently enrolled in high school or in an accredited college or university, or have you been accepted into an accredited college or university? ◉ Yes ○ No ● Is the institution in the U.S.? ◉ Yes ○ No ○ N/A ●
Minimum Age Requirement:	Will you be at least 17 years of age by June 15, 2019? Yes Will you be at least 18 years of age by June 15, 2019? Yes
Citizenship Status:	US Citizen ⇕ ●

Personal Information – Continued

Current Address:

☐ Check if current address is the same as the permanent address.

Current Address:	[_____] ● ❓
Address Line 2:	[_____]
City:	[_____] ●
State:	[____] ●
	(Use **DC** for District of Columbia and **NA** if your current address is not in the U.S.)
Zip Code:	[_____]
Country/Region:	United States ⇕ ●

Preferred Phone Number: [text field] ?

(Complete only if you do not want us to use your Permanent Phone Number.)

Previous Experience at NIH: None ⇕ (Research programs completed)

Relative(s) at NIH: Do you have relatives at NIH?
◉ Yes ◯ No ● Help: Definition of "relative"

	Relative's Name	**Relationship**	**Relative's IC**		
1.	[text field]	[dropdown] ⇕	[dropdown] ⇕	[-]	[+]

NIH summer 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 this summer. ●

☐ Bethesda, MD and the surrounding area

☐ 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 in NHLBI)

2. Academic Information

School: [text field] ●

School State: [text field] ● Please enter the state in which your school is located.

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

Current Education Level: Graduate School

Year at Current Level: First

Current GPA: [dropdown] ⇕ ● (Cumulative unweighted average)

School Grading Scale: [dropdown] ⇕ ●

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.

Academic Major: [dropdown] ⇕ or specify major [text field] ●

3. Coursework and Grades

List **all** courses completed at your current educational level, not just science courses. Include the grades you received. Include courses in which you are currently enrolled, even if grades are not yet available. Make certain course titles are informative. For example, Chemistry 40 is insufficient. Finally, if this is your first semester at a new educational level (e.g., your first semester in college), include some information on your prior academic performance (i.e., in high school).

[text area]

4. CV/Resume
Copy and paste a plain text version of your curriculum vitae or resume into this space. Some reformatting may be necessary. Include education, relevant research experience, scientific publications, honors and awards, community service, leadership, etc.

[text area]

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: [Dr. ▼] [   ] [   ] [   ] ●
Prefix   First   MI   Last

Phone: [   ] ●

Email: [   ] ● Format: user@server.com

Reference 2:

Name: [Dr. ▼] [   ] [   ] [   ] ●
Prefix   First   MI   Last

Phone: [   ] ●

Email: [   ] ● Format: user@server.com

6. Cover Letter
Describe your research interests, career goals, and reasons for applying for training at the NIH; be certain that your cover letter is specific for this particular program.

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. If you have unique circumstances, or come from a disadvantaged background, please include this information in your cover letter.

7. 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).

8. Preferred Institute/Center (IC)
If you already know the IC in which you wish to work (for example, if you are a returning student), please select the appropriate item from the drop-down list. Note: **If you want your application to be considered by investigators in more than one IC, please leave this section blank.**

9. SIP Subprogram Selection

This section is for applicants who are eligible for and interested in special summer subprograms at the NIH. Below is a list of the currently available subprograms. If you are interested in applying to one of these subprograms, please read the program description, including eligibility criteria, program dates, and application deadlines, by selecting the appropriate link below. (All links open in a new window.) If you select a subprogram for which you are not eligible, it could have a negative effect on your chances of being selected for an internship.

Note that programs are exclusive, semi-exclusive or open. It is important that you understand the implications of a program's type for how and when program participants are selected.

Available Program(s):

Add	**AMGEN** (exclusive) Details and Eligibility
Add	**BESIP** (exclusive) Details and Eligibility
Add	**C-SOAR** (exclusive) Details and Eligibility
Add	**CCSEP** (exclusive) Details and Eligibility
Add	**G-SOAR** (exclusive) Details and Eligibility
Add	**GDSSP** (exclusive) Details and Eligibility
Add	**NINR-SGI** (exclusive) Details and Eligibility

Selected Subprogram(s):

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.

Preview Partial Application

Preview Completed Application

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 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.