

OMB #0925-XXXX
Expiration Date: XX/XXXX

Network of Minority Health Research Investigators (NMRI) Enrollment Form

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Network of Minority Health Research Investigators (NMRI)

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- [Register for Workshop](#)

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Log in with your email address and password

Log in

Email Address

Password

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[I'm a member but I'm not sure I have an account](#)

NMRI Administration

Home	Members/Registrations	Manage Workshops	Manage Templates	Settings
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Member Details

CV: CONTACT INFO

[Elenoe-Smith.docx](#)

Name
Email
Alternate
Email

Address

Phone
Fax

Degrees
Title
Department
Organization

DEMOGRAPHIC INFO

Gender
U.S.
Citizenship
Is Hispanic
or Latino
Race

ACADEMIC INFO

Professional
Societies
Other
Professional
Society
Research
Type
Is Currently
Funded
Funding
Source
Other
Funding
Source
Agency, If
Federal
Grant
Grants
Other Grant
ERA
Commons Id
Research
Status
Academic
Achievement
Other
Academic
Achievement
Areas of
Interest
Other Areas
of Interest

NOTE: This user has not yet completed their member profile.

Membership Status: **Unreviewed**

-- Select Approval Status --

Disapprove

Send Decision Email to Member

First Registration Year

System Provided: N/A

User Provided: Not Provided

-- Select First Registration Year --

Submit

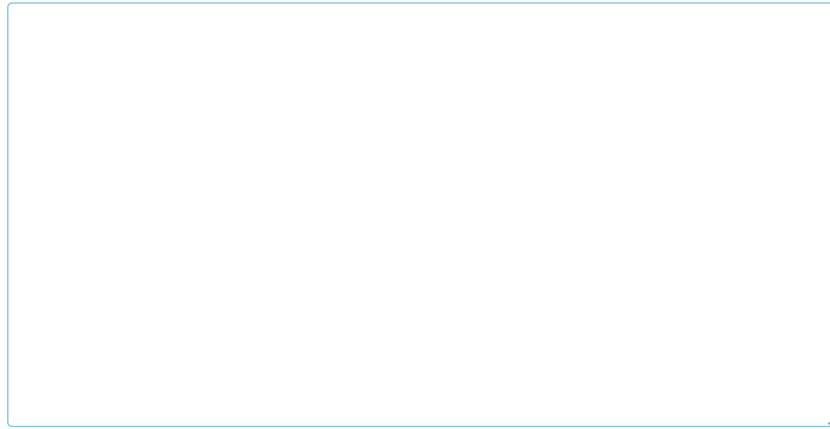
Edit Profile

Register Member For Workshop

Deactivate Member

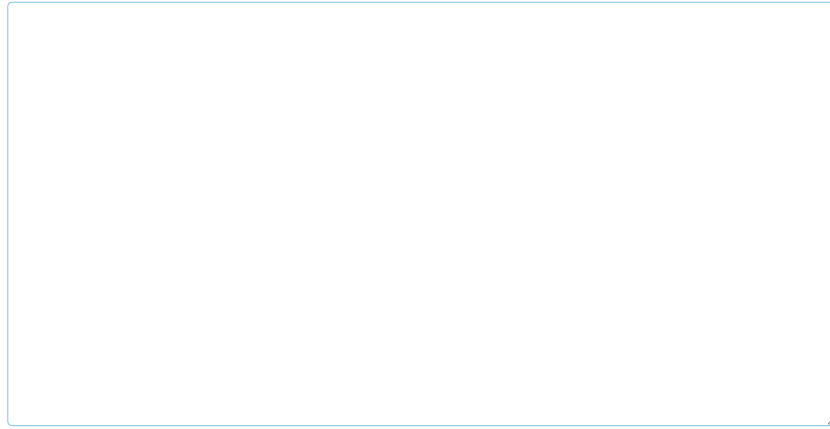
Cancel

**Research
Interest
Essay**



BIO

Biography



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