

REP Public Reporting Burden Statement

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NIH, Project Clearance Branch,
6705 Rockledge Drive, MSC 7974,
Bethesda, MD 20892-7974,
ATTN: PRA (0925-0698).

Do not return the completed form to this address.

Please e-mail technical questions or comments to REP@mail.nih.gov | [Privacy Policy](#) | [Legal Disclaimer](#)

Resident Electives Program(REP) Application

OMB Number: 0925-0698
Expiration date: 07/31/2020
[Public Reporting Burden Statement](#)

All required fields are notated with an asterisk*.

Instructions: *If you already have a saved application click on the Login button*

Before you begin, you may want to review a statement about [privacy](#). After you fill out the application form below, press the [Save] button at the bottom of this page to resume your application later. You **MUST** Press the [Submit] button to complete the application process.

Applicants are advised to apply a minimum of three months prior to the start date of the elective in which they would like to participate.

[Eligibility Requirements for the NIH Resident/Fellow Electives Program](#)

- Personal Information
- Residency Information
- Experience
- References
- Electives
- Review and Submit

Contact Details	
Title*:	Select
First Name*:	
Middle Initial:	
Last Name*:	
Degree*:	Select
Email Address*:	
Current Home Address*:	
City:	
State:	Select
Zip Code:	
Phone Number*:	
Current PGY Level*:	Select

Status	
Citizenship Status*:	Select
Previous research experience at NIH:	Select

Save Cancel

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All required items are included with an asterisk *

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Personal Information
Residency Information
Experience
References
Electives
Review and Submit

Residency/Fellowship Information*

I am a current resident in an ACGME-accredited residency training program.

I have completed an ACGME-accredited residency and I am now a fellow.

Specialty or Subspecialty Program*:

Sponsoring Institution/Hospital*:

Address of Institution/Hospital*:

Institution/Hospital:

City:

State:

Zip Code:

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Personal Information
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Experience
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Cover Letter*

(Briefly explain your interest in applying for a residency/fellow elective at the NIH)

Upload Cover Letter File:

CV/Resume*

Upload CV/Resume File:

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- Personal Information
- Residency Information
- Experience
- References**
- Electives
- Review and Submit

References	
Program Director's Information:	
Title*:	Select
First Name*:	
Middle Initial:	
Last Name*:	
Specialty or Subspecialty Program:	Select
Sponsoring Institution/Hospital*:	
Institution/Hospital Address:	
City:	
State:	Select
Zip Code:	
Office Phone*:	
Office Email*:	
Faculty Reference Information:	
Title*:	Select
First Name*:	
Middle Initial:	
Last Name*:	
Specialty or Subspecialty Program:	Select
Sponsoring Institution/Hospital*:	
Institution/Hospital Address:	
City:	
State:	Select
Zip Code:	
Office Phone*:	
Office Email*:	

[Send Reference Request](#) [Save](#) [Next](#) [Cancel](#)

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Personal Information	First Choice* Elective: <input type="text" value="Select"/> Month/Session: <input type="text" value="Select"/> Second Choice Elective: <input type="text" value="Select"/> Month/Session: <input type="text" value="Select"/> Third Choice Elective: <input type="text" value="Select"/> Month/Session: <input type="text" value="Select"/>
Residency Information	
Experience	
References	
Electives	
Review and Submit	

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