

Login



Network of Minority Health Research Investigators (NMRI)

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OMB #0925-0748
Expiration Date 02/28/2023

Network of Minority Health Research Investigators (NMRI) Enrollment Form

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Log in

Log in with your email address and password

Log in

| | |
|---------------------------------------|--|
| Email Address | <input type="text" value="niddktest2@mail.nih.gov"/> |
| Password | <input type="password" value="*****"/> |
| <input type="button" value="Log in"/> | |

[Create an account](#)

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Contact Info

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Welcome, Prof. NIDDK!

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[Contact Info](#) [Demographic Info](#) [Academic Info](#) [Research](#) [Biography](#)

Contact Info

Professional Email

Alternate Email

Salutation

First Name

Middle Name

Last Name

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Extension

Fax

Degree(s) (Select all that apply)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> Ph.D. | <input checked="" type="checkbox"/> Pharm.D. | <input checked="" type="checkbox"/> Dr.P.H. |
| <input type="checkbox"/> Dr.Ed. | <input checked="" type="checkbox"/> D.D.S. | <input type="checkbox"/> M.P.H. |
| <input type="checkbox"/> M.P.P. | <input type="checkbox"/> M.H.S. | <input type="checkbox"/> M.S. |
| <input type="checkbox"/> M.S.N. | <input type="checkbox"/> M.S.P.H. | <input type="checkbox"/> M.Ed. |
| <input type="checkbox"/> M.D. | <input type="checkbox"/> D.O. | <input type="checkbox"/> M.B.A. |
| <input type="checkbox"/> M.A. | <input type="checkbox"/> J.D. | <input checked="" type="checkbox"/> D.V.M. |
| <input type="checkbox"/> D.Sc. | <input type="checkbox"/> B.S.N. | <input type="checkbox"/> Other |

Professional Title

Department

Organization

Demographic Info



National Institute of
Diabetes and Digestive
and Kidney Diseases

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Demographic Info

Gender:

Are you a U.S. Citizen? Yes No

Are you a U.S. Permanent Resident? Yes No

Are you Hispanic or Latino? Yes No

Race:

- Select Race --
- African American/Black
- American Indian/Alaskan Native
- Asian
- White
- Native Hawaiian/Pacific Islander

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Contact Info Demographic Info **Academic Info** Research Biography

Academic Info

Are you a member of a professional society?

- (ASN) American Society of Nephrology
- (AASLD) American Association for the Study of Liver Diseases
- (ENDO) Endocrine Society
- (ASBMR) American Society for Bone and Mineral Research
- (ADA) American Diabetes Association
- (AGA) American Gastroenterological Association
- None
- Other

Which category best fits your type of research?

Clinical ▼

Are you currently funded?

Yes No

Funding Source

Other ▼

If other, please specify

test other test

Select grant types you are recipient of

- NIH R01
- NIH K Award
- Please Specify
- NIH R03
- Please Specify
- Non - NIH
- None
- Other

eRA Commons User ID
(NIH Grant Recipient Identifier)

Indicate your current research status

Junior Investigator ▼

What is your current level of academic achievement?

Fellow/Resident ▼

What is your current research? Select all that apply.
Select all that apply.

- Diabetes
- Urologic Disease
- Nutrition
- Digestive Disease
- Obesity
- Other
- Hematologic Disease
- Kidney Disease
- Endocrine Disease and Metabolic Disease
- Liver Disease
- Pancreatic Disease

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Please note that Research Interest (s) and your Photo will be used for the NMRI directory if you choose to be included.

Biography

Attach CV

 No file chosen

CV must be in Microsoft Word or PDF format and shouldn't be larger than 5MB in size.

Attach Photo

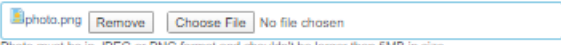
 No file chosen

Photo must be in JPEG or PNG format and shouldn't be larger than 5MB in size.

***** In 2 to 3 paragraphs, please provide brief biography.
Character limit, including spaces: **4000**

3990 Characters Remaining

Test
Test