Office of Intramural TRAINING & EDUCATION
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NATIONAL INSTITUTES OF HEALTH | U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

ACADEMIC INTERNSHIP PROGRAM (AIP)

OMB Clearance Number: XXXX-XXXX
Expiration Date: XX-XXX-XXXX (not submission deadline) Burden
Time: 45 minutes

ACCOUNT INFORMATION

Name Prefix:

○ Mr. ○ Ms. ○ Mx.

First Name (Given Name):

Middle Initial:

Last Name (Family Name):

Email Address:

Phone - Primary:

Phone Type - Primary:

○ Cell ○ Landline

Phone - Secondary:

Phone Type - Secondary:

○ Cell ○ Landline

Password:

VALIDATION CODE QUESTIONS

What is your citizenship?:

◯ US Citizen ◯ US Permanent Resident ◯ Foreign National

Will you be at least 17 years of age on the date you hope to begin the internship?

◯ Yes ◯ No

Is your school within 40 miles of the NIH campus on which you will intern?

◯ Yes ◯ No

Previous Experience at NIH:

◯ 0-3 months ◯ 3-6 months ◯ 6-9 months ◯ 9-12 months ◯ 12-15 months ◯ 15-18 months ◯ 18-21 months ◯ 21-24 months ◯ 24+ months

When do you hope to begin your internship?

◯ Fall (August / September) ◯ Spring (January / February)

Locations at which you would be willing to train?

☐ LIST OF NIH CAMPUS LOCATIONS

RELATIVE AT NIH DISCLOSURE INFORMATION

Do you have relatives at NIH?

◯ Yes ◯ No

Relative's Name:

Relative's Relationship:

◯ LIST OF RELATIVE RELATIONSHIPS

Relative's Institute-Center:

PERMANENT ADDRESS INFORMATION

Permanent Address - Line 1:

Permanent Address - Line 2:

Permanent City:

Permanent State:

Permanent Zip:

Permanent Country:

CURRENT ADDRESS INFORMATION

Current Address Same as Permanent Address:

○ Yes ○ No

Current Address – Line 1:

Current Address – Line 2:

Current Address City:

Current Address State:

Current Address Zip:

Current Address Country:

EDUCATION INFORMATION - CURRENT UNIVERSITY

Current University Education Degree Program:

○ Bachelor Program ○ Masters Program ○ Dental Program ○ Nursing Program ○ Medical Program ○ Veterinary Program ○ Graduate Program

Current University Degree Awarded:

○ None ○ BA or BS ○ MA or MS ○ MD or DDS ○ DVM ○ PhD

Current University Education Year:

○ First Year ○ Second Year ○ Third Year ○ Fourth Year ○ Fifth Year

Current University Name:

Are you currently enrolled in this university?

Yes No

During the internship, will you be enrolled and in good academic standing?:

Yes No

Current University Academic Major:

Current University is Located in Which State:

Current University Start Date:

August 14 2020

Current University Stop Date:

August 14 2020

Current University Anticipated Degree Award Date:

August 14 2020

Current University Grade Point Average (GPA):

Current University Grade Point Average Scale:

Current University Coursework & Grades:

EDUCATION INFORMATION - PREVIOUS UNIVERSITY

Previous University Education Degree Program:

Bachelor Program Master Program Dental Program Nursing Program Medical Program Veterinary Program Graduate Program

Previous University Degree Awarded:

None BA or BS MA or MS MD or DDS DVM PhD

Previous University Name:

Previous University Academic Major:

Previous University Location:

Previous University Start Date:

August | 14 | 2020

Previous University Stop Date:

August | 14 | 2020

Previous University Grade Point Average (GPA):

Previous University Grade Point Average Scale:

Previous University Coursework & Grades:

CV / RESUME

Research Interest Key Words:

Personal Statement / Cover Letter:

Do you wish to apply for a particular Academic Internship Program?:

REFERENCE INFORMATION

Reference Prefix – 1:

○ Mr. ○ Mrs. ○ Ms. ○ Mx. ○ Dr.

Reference First Name –1:

Reference Last Name – 1:

Reference Phone – 1:

Reference Email – 1:

Resend Letter of Recommendation Request –1:

○ Yes ○ No

Reference Prefix –2:

○ Mr. ○ Mrs. ○ Ms. ○ Mx. ○ Dr.

Reference First Name –2:

Reference Last Name –2:

Reference Phone –2:

Reference Email –2:

Resend Letter of Recommendation Request –2:

○ Yes ○ No

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.

Submit Survey Cancel