

CREATE AN NIH ALUMNI DATABASE ENTRY

OMB Number: 0925-0299

Expiration Date: 30-June-2022

Thank you for taking the time to create an entry for yourself in the NIH Alumni Database. This is a new venture for the NIH Office of Intramural Training & Education (OITE) and we have big plans.

You may be wondering why you should take the time to **complete the brief form below today and keep your entry up to date in the future**. Here are several reasons:

- First, what's in it for YOU? Networking! You will be helping to create a searchable database of potential colleagues that you can mine to meet your own needs and those of your students and friends. But, in addition
- The OITE invites former NIH trainees to speak at events like the Career Symposium and the National Graduate Student Research Festival. The success of those ventures depends on our keeping in contact with a diverse group of NIH alumni that could include you.
- Applicants to NIH training programs often want to know where program participants go next. Where do NIH postbacs go to graduate or professional school? Where do NIH postdocs find jobs? You can help us provide those data.
- If you wish, you can become part of a worldwide network of NIH alumni who are willing to answer current trainees' questions about schools and jobs.

Database Rules:

- Information that you enter into the database will be made public *e.g.*, in publications describing NIH programs, only in the aggregate; no personally identifiable information will be published outside of this system.
- Your personally identifiable information (see below) will be included in the searchable database only if you authorize the OITE to include it. You can change your mind at any time.
- Only Alumni Database account-holders, current NIH trainees, and NIH staff will be able to search the Database.
- You can update your educational and/or employment history and preferences at any time.

CONTACT INFORMATION

Honorary Title:

First Name (Given Name)*:

Last Name (Family Name)*:

State:

Country:

Permanent E-mail (non-NIH)*: e.g., gmail, hotmail

Permanent E-mail (non-NIH) – Confirm*:

Password*:

Verify Password*:

What is your current status*:

EDUCATION HISTORY

Please tell us about your education. List your highest or most recent degree first. Please also complete this section if you have been accepted to and plan to enter a degree program.

Degree(s) Awarded*: (select all that apply)

<input type="checkbox"/> AUD	<input type="checkbox"/> BA/BS	<input type="checkbox"/> DPH
<input type="checkbox"/> MPH	<input type="checkbox"/> NP	<input type="checkbox"/> RN
<input type="checkbox"/> MS	<input type="checkbox"/> PhD/DPhil	<input type="checkbox"/> MD
<input type="checkbox"/> MD/PhD	<input type="checkbox"/> DO	<input type="checkbox"/> PharmD
<input type="checkbox"/> DDS	<input type="checkbox"/> DDS/PhD	<input type="checkbox"/> DMD
<input type="checkbox"/> DVM	<input type="checkbox"/> MBA	<input type="checkbox"/> JD
<input type="checkbox"/> Other		

If other, indicate which degree?:

School Name*:

Academic Major:

School City*:

School State*:

School Country:

Education Start Date:

Education End Date:

Current Institution: I am currently enrolled at this institution

Do you have more education history you would like to add? If so, click the education information button below.

[Delete](#)

[Add Education Information](#)

NIH TRAINING INFORMATION

Please tell us about any time you have spent at the NIH. List your most recent experiences first and lists all experiences in reverse chronological order.

Tell us about your NIH training experiences,

what was the last position that you held at NIH?*

Institute-Center*

Investigator's Name:

NIH Start Date*:

NIH End Date*:

Do you have more NIH training history you would like to add? If so, click the NIH information button below.

Add NIH Information

Member of Trainee Committee:

(select all that apply)

- FelCom (The NIH Fellows Committee)
- The GSC (Graduate Student Council)
- The Postbac Committee

NEXT STEP

What is your next step?:

EMPLOYMENT

If you have accepted a postdoc or job offer, or are currently employed, please complete this section. If you have held multiple positions, please list them in reverse chronological order.

Employment - Organization*:

Employment - Department:

Employment - City*:

Employment - State*:

Employment - Country:

Current Institution:

I am currently employed by this institution

Employment - Start Date*:

Employment - Stop Date*:

What type of employment sector are you in?:

What type of position are you in?:

What are you doing in your position?:

Do you have more employment history you would like to add? If so, click the employment information button below.

Delete

Add Employment Information

NETWORKING OPPORTUNITIES

Networking Contact*: Are you willing to serve as a networking contact for NIH trainees? We anticipate that they might seek your advice on career planning, the graduate/professional school application process, the job search process, or your particular position.

Note: By clicking yes, you are authorizing OITE to include you in the searchable database. By clicking no, you will not be included in any search results provided to the public.

Yes No

Career Counselor Contact*: Would you be willing to be a contact for career counselors in the Office of Intramural Training & Education at the NIH or OITE staff organizing training events?

Yes No

Create Account

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 15 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.

