

LOGIN SCREEN

Welcome to IMS

Update:

Beginning on October 1, 2015, NCNR staff and facility users will be required to complete the NCNR Safety Awareness training presentation. Once you have logged into your IMS account, go to the "User Activities" menu and click "Online Training for NCNR Facility Users" to begin this training.

IMPORTANT NEWS

All visitors who plan to travel to the NCNR by personal car or rental car must provide evidence that the car is properly registered with the appropriate US state upon request. Vehicles without proof of US state registration will not be allowed into NIST. Visitors driving rental cars can show their rental agreement in lieu of vehicle registration.

OMB Control #: 0693-0081
 Expiration Date: 09/30/2021

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0081. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary/mandatory/required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NIST Center for Neutron Research at: 100 Bureau Drive, Mail Stop: 6102, Gaithersburg, MD 20899-1070, Attn: Przemek Klosowski at przemek.klosowski@nist.gov.

WARNINGWARNING**WARNING**WARNING**WARNING**

You are accessing a U.S. Government information system, which includes: 1) this computer, 2) this computer network, 3) all computers connected to this network, and 4) all devices and storage media attached to this network or to a computer on this network. You understand and consent to the following: you may access this information system for authorized use only; you have no reasonable expectation of privacy regarding any communication of data transiting or stored on this information system; at any time and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system; and any communications or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

WARNINGWARNING**WARNING**WARNING**WARNING**

E-mail address: [Forgot Username?](#)

Password: [Forgot Password?](#)

Login

Don't have an NCNR-IMS account?

[Sign up](#)

Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA Included), Public Law 200-253 Computer Security Action of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

Purpose: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

Routine Uses: NIST will use this information to conduct necessary government business for the processing of applicants to gain entry into the NIST/NCNR Facility. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 522a) to be shared among NIST staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices: NIST 5: Nuclear Reactor Operator Licensees File; NIST 1: NIST Associates (this has a special section for Facility User Records for NCNR); DEPT. 25: Access Control and Identity Management System.

Disclosure: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST/NCNR Facility. The failure to provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated. This information may also be retained indefinitely as deemed necessary for the purpose of distributing updates and information.

For additional information, see the [NIST Privacy Statement/Security Notice](#).

Supported browsers: Internet Explorer 6.0+ and Mozilla 1.0+.

In order to properly use this site, please ensure that your browser has Javascript enabled and allows pop-ups from this site.

[NCNR Home Page](#)

Please e-mail [support](#) for questions about this website.

Last modified 09/14/2021

CREATE ACCOUNT

OMB Control #: 0693-0081
 Expiration Date: 09/30/2021

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WARNINGWARNING**WARNING**WARNING**WARNING**

Create New User Account

Please complete the form below to create a new account on the NCNR IMS system. When you press the 'Create New Account' button an e-mail containing information on how to activate your new account will be sent to the e-mail address you have provided.

User name (e-mail address):

For requirements on selecting a password, click [here](#).

Password:

Confirm password:

Prefix:

First name:

Middle name:

Last name:

Suffix:

Click [here](#) to go to the login page.

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CREATE ACCOUNT > PREFIX DROP DOWN

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Confirm password:

Prefix:

First name:

Middle name:

Last name:

Suffix:

- Dr
- Miss
- Mr
- Mrs
- Ms
- Professor

Create New Account

Click [here](#) to go to the login page.

Privacy Act Statement

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ACTIVATE ACCOUNT

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WARNINGWARNING**WARNING**WARNING**WARNING**

Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

Affiliation:

Please enter at least 5 characters, and then select your affiliation from the generated list.
Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

Emergency Contact Information

This information will be extremely important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Activate

Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Action of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

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ACTIVATE ACCOUNT > JOB TYPE DROP DOWN

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You are accessing a U.S. Government information system for authorized use only; you have any time and for any lawful Government purpose information system, and any communication

- Contractor
- Private Research Institute
- University
- Government
- Industry/Company
- NIST

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WARNING**WARNING**WARNING**

Private Account

Information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

Affiliation:

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First Name:

Last Name:

Relationship:

Telephone No.:

Activate

Privacy Act Statement

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ACTIVATE ACCOUNT > JOB TITLE DROP DOWN

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	Undergraduate Student	
	Professor	
	PostDoc	
	Graduate Student	
	High School Student	3**WARNING**WARNING**WARNING**
	Engineer	1) this computer, 2) this computer network, 3) all computers connected to this network, and 4) this network. You understand and consent to the following: you may access this information system for authorized use only; you have no warranty, and any communication sent on this information system, and any communication received on this information system, may be disclosed or used for any lawful Government purpose.
	Administrative	
	Police	3**WARNING**WARNING**WARNING**
	Technician	



Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder: Yes No

Local contact:

Affiliation:

Please enter at least 5 characters, and then select your affiliation from the generated list.
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Telephone No.:

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DOWN

A Federal agency may not conduct or disclose information collection subject to the requirements of the Privacy Act unless the information is necessary for the performance of a specific function authorized by law. The approved OMB Control Number for this information collection is 1545-0047. For more information on reporting requirements for this information collection, visit [www.eo.gov/privacy](#). Sources, gathering and maintaining the information may be voluntary/mandatory/required to obtain benefits or for reducing this burden to the NIST Center for Neutron Research.

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Aruba

Australia

Austria

Azerbaijan

Bahamas

Bahrain

Bailiwick of Guernsey

Bailiwick of Jersey

Baker Island

Bangladesh

Barbados

Belarus

Belgium

Belize

Person be subject to a penalty for failure to comply with an information collection has a currently valid OMB Control Number. If you are unable to find the information you need, you could not conduct this survey/information collection. Public comment on this information collection is invited. Please take the time for reviewing instructions, searching existing data collections, gathering the materials that will be necessary to complete the collection. All responses to this information collection are confidential. For more information on reporting requirements for this information collection, visit [www.eo.gov/privacy](#). Sources, gathering and maintaining the information may be voluntary/mandatory/required to obtain benefits or for reducing this burden to the NIST Center for Neutron Research.

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WARNING**

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

Affiliation:

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- Belgium
- Belize
- Benin**
- Bermuda
- Bhutan
- Bolivarian Republic of Venezuela
- Bolivia
- Bosnia And Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- Brunei
- Bulgaria

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Activate

Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Act of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

Purpose: The National Institute of Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

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- Burkina Faso
- Burundi
- Cambodia**
- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Clipperton Island

Person be subject to a penalty for failure to comply with an information collection has a currently valid OMB Control Number. If you do not have a currently valid OMB Control Number, you could not conduct this survey/information collection. Public time for reviewing instructions, searching existing data collection. All responses to this information collection are for the purpose of this information collection, including suggestions for improving the collection. Contact: Przemek Klosowski at Gaithersburg, MD 20899-1070, Attn: Przemek.Klosowski@nist.gov

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Job title:

Citizenship:

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Local contact:

Affiliation:

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Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

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This information will be extremely important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

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- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Clipperton Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo (Brazzaville)
- Congo (Kinshasa)
- Cook Islands
- Coral Sea Islands Territory

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- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo (Brazzaville)
- Congo (Kinshasa)
- Cook Islands
- Coral Sea Islands Territory
- Costa Rica
- Cote D'Ivoire
- Croatia
- Cuba
- Curacao
- Cyprus

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Job title:

Citizenship:

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Local contact:

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WARNING**

- Dhekelia
- Djibouti
- Dominica
- Dominican Republic
- East Timor
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Europa Island
- Falkland Islands (Malvinas)

Job type:

Job title:

Citizenship:

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- Faroe Islands
- Federal Republic of Yugoslavia
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern Territories
- Gabon**
- Gambia
- Gaza Strip
- Georgia
- Germany

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- Gibraltar
- Glorioso Islands
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard And Mcdonald Islands
- Holy See

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- Honduras
- Hong Kong
- Howland Island
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Johnston Atoll
- Korea
- Kuwait
- Lao
- Latvia
- Lebanon
- Lesotho
- Lithuania
- Luxembourg
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mexico
- Moldova
- Monaco
- Morocco
- Mozambique
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- Norway
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- Panama
- Papua New Guinea
- Paraguay
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- Philippines
- Pitcairn Islands
- Poland
- Portugal
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- Russia
- Rwanda
- Saint Helena
- Saint Kitts and Nevis
- Saint Lucia
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- Saudi Arabia
- Senegal
- Seychelles
- Sierra Leone
- Singapore
- Slovakia
- Slovenia
- South Africa
- South Korea
- Spain
- Sri Lanka
- St. Pierre and Miquelon
- Sweden
- Switzerland
- Taiwan
- Tanzania
- Togo
- Tokelau
- Tonga
- Turkey
- Turkmenistan
- U.S. Virgin Islands
- Uganda
- Ukraine
- United Kingdom
- United States
- Uruguay
- Uzbekistan
- Vanuatu
- Venezuela
- Vietnam
- Wallis and Futuna
- Yemen
- Zambia
- Zimbabwe

Person be subject to a penalty for failure to comply with an information collection has a currently valid OMB Control Number. If you do not have a currently valid OMB Control Number, you could not conduct this survey/information collection. Public time for reviewing instructions, searching existing data collection. All responses to this information collection are for the purpose of this information collection, including suggestions for reducing this burden to the NIST Center for Neutron Research, Gaithersburg, MD 20899-1070, Attn: Przemek Klosowski at przemek.klosowski@nist.gov.

WARNING**
By using this system, you agree to the following: you may access this information system for authorized use only; you have no warranty, and any communication sent through this system may be subject to review. You agree to the following: you may access this information system for authorized use only; you have no warranty, and any communication sent through this system may be subject to review. You agree to the following: you may access this information system for authorized use only; you have no warranty, and any communication sent through this system may be subject to review.

WARNING**

Create your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder: Yes No

Local contact:

Affiliation:

Please enter at least 5 characters, and then select your affiliation from the generated list.
Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

Emergency Contact Information

This information will be extremely important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Activate

Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Act of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

Purpose: The National Institute of Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

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Disclosure: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST NCNR Facility. The failure to provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated. This information may also be retained indefinitely as deemed necessary for the purpose of distributing updates and information.

For additional information, see the [NIST Privacy Statement/Security Notice](#).

A Federal agency may not conduct or sponsor an information collection subject to the requirements of the Paperwork Reduction Project (P-02-188). The approved OMB Control Number for this information collection is 1545-0047. Reporting burden for this information collection is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and collecting the data, and reviewing and maintaining the data. Information collection is voluntary/mandatory/required to obtain benefit/required to obtain or retain a benefit if the information does not include the information for reducing this burden to the NIST Center for Neutron Research.

You are accessing a U.S. Government information system for authorized use only; you have no warranty, and any communication made through this system is not confidential, and any communication made through this system may be disclosed or used for any lawful Government purpose.

- Jan Mayen
- Japan
- Jarvis Island
- Johnston Atoll
- Jordan
- Juan de Nova Island
- Kazakhstan
- Kenya
- Kingman Reef
- Kiribati
- Korea-North
- Korea-South
- Kosovo
- Kuwait
- Kyrgyzstan

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WARNING**
er network, 3) all computers connected to this network, and 4) and consent to the following: you may access this information of data transiting or stored on this information system; at seize any communication or data transiting or stored on this system; and 7) be disclosed or used for any lawful Government purpose.

WARNING**

Create your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact :

Affiliation:

Please enter at least 5 characters, and then select your affiliation from the generated list. Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

Emergency Contact Information

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First Name:

Last Name:

Relationship:

Telephone No.:

Activate

Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Act of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

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For additional information, see the [NIST Privacy Statement/Security Notice](#).

A Federal agency may not conduct or disseminate information collection subject to the requirements of the Privacy Act of 1974 unless it has the approved OMB Control Number for that collection. The approved OMB Control Number for this information collection is 1545-0047. Reporting for this information collection is voluntary, mandatory/required to obtain benefits, or for reducing this burden to the NIST Center for Neutron Research.

You are accessing a U.S. Government information system for authorized use only; you have no right to access this system, and any communication made through this system may be monitored, recorded, and disseminated.

Person be subject to a penalty for failure to comply with an information collection has a currently valid OMB Control Number. If you do not have a currently valid OMB Control Number, you could not conduct this survey/information collection. Public time for reviewing instructions, searching existing data collection. All responses to this information collection are for the aspect of this information collection, including suggestions for improvements. Contact: Przemek Klosowski at 301-975-2090, Gaithersburg, MD 20899-1070, Attn: Przemek Klosowski at przemek.klosowski@nist.gov

WARNING**

For network, 3) all computers connected to this network, and 4) all data and consent to the following: you may access this information for the purpose of data transiting or stored on this information system; at your discretion, we may seize any communication or data transiting or stored on this information system, and any communication made through this system may be monitored, recorded, and disseminated.

WARNING**

Create your account.

Job type:
Job title:
Citizenship:
Permanent Resident/Green Card Holder: Yes No
Local contact:
Affiliation:

Please enter at least 5 characters, and then select your affiliation from the generated list. Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

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First Name:
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Relationship:
Telephone No.:

Activate

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For additional information, see the [NIST Privacy Statement/Security Notice](#).

A Federal agency may not conduct or sponsor an information collection subject to the requirements of the Paperwork Reduction Project (P-03-058). The approved OMB Control Number for this information collection is 7560-0047. Reporting burden for this information collection is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and collecting the data, and reviewing and maintaining the data. Information collection is voluntary/mandatory/required to obtain benefit/required to obtain or retain a benefit if the information does not pertain to the collection. For reducing this burden to the NIST Center for Neutron Research, please contact the person responsible for this information collection.

You are accessing a U.S. Government information system. All devices and storage media attached to this system for authorized use only; you have no warranty, and you are responsible for any time and for any lawful Government purpose. Information system, and any communication system, and any communication system, and any communication system.

- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Midway Islands
- Moldova
- Monaco
- Mongolia
- Montenegro
- Montenegro
- Montserrat
- Morocco

Person be subject to a penalty for failure to comply with an information collection has a currently valid OMB Control Number. If you could not conduct this survey/information collection. Public time for reviewing instructions, searching existing data collection. All responses to this information collection are for the aspect of this information collection, including suggestions. Gaithersburg, MD 20899-1070, Attn: Przemek Klosowski at

WARNING**

er network, 3) all computers connected to this network, and 4) and consent to the following: you may access this information of data transiting or stored on this information system; at seize any communication or data transiting or stored on this be disclosed or used for any lawful Government purpose.

WARNING**

ate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact :

Affiliation:

Please enter at least 5 characters, and then select your affiliation from the generated list.
Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

Emergency Contact Information

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First Name:

Last Name:

Relationship:

Telephone No.:

Activate

Privacy Act Statement

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For additional information, see the [NIST Privacy Statement/Security Notice](#).

A Federal agency may not conduct or sponsor an information collection subject to the requirements of the Paperwork Reduction Project (NIST-01-001). The approved OMB Control Number for this information collection is 1545-0047. Reporting burden for this information collection is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and collecting the data, and reviewing and maintaining the data. Information collection is voluntary/mandatory/required to obtain benefit/required to obtain or retain a benefit if the information does not pertain to the collection. For reducing this burden to the NIST Center for Neutron Research, please contact the person designated on the notice that accompanies this collection.

You are accessing a U.S. Government information system, and any communication you make on this system for authorized use only; you have no expectation of privacy for any information you provide, and any communication you make on this system may be monitored, recorded, and disseminated.

- Nepal
- Netherlands
- Netherlands Antilles
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- Norway
- Oman
- Oriental Republic of Uruguay

Person be subject to a penalty for failure to comply with an information collection has a currently valid OMB Control Number. If you do not have a currently valid OMB Control Number, you could not conduct this survey/information collection. Public time for reviewing instructions, searching existing data collection. All responses to this information collection are for the aspect of this information collection, including suggestions for improving the collection. Przemek Klosowski at 301-975-2000.

WARNING**

1) all computers connected to this network, and 4) all data on this network, 3) all computers connected to this network, and 4) all data on this network. You consent to the following: you may access this information system, and you may use the information on this system; at any time and for any lawful Government purpose; you may be disclosed or used for any lawful Government purpose.

WARNING**

Create your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

Affiliation:

Please enter at least 5 characters, and then select your affiliation from the generated list. Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

Emergency Contact Information

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First Name:

Last Name:

Relationship:

Telephone No.:

Activate

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You are accessing a U.S. Government information system for authorized use only; you have no warranty and for any lawful Government purpose, information system, and any communication.

- Norway
- Oman
- Oriental Republic of Uruguay
- Pakistan
- Palau
- Palmyra Atoll
- Panama
- Papua New Guinea
- Paracel Islands
- Paraguay
- Peru
- Philippines
- Pitcairn Islands
- Poland

Person be subject to a penalty for failure to comply with an information collection has a currently valid OMB Control Number. This information collection could not conduct this survey/information collection. Public time for reviewing instructions, searching existing data collection. All responses to this information collection are for the purpose of this information collection, including suggestions for improving the collection. Przemek Kiosowski at Gaithersburg, MD 20899-1070, Attn: Przemek Kiosowski at

WARNING**

For network, 3) all computers connected to this network, and 4) you consent to the following: you may access this information for the purpose of data transiting or stored on this information system; at the time of collection, you may be subject to a penalty for failure to comply with an information collection has a currently valid OMB Control Number. This information collection could not conduct this survey/information collection. Public time for reviewing instructions, searching existing data collection. All responses to this information collection are for the purpose of this information collection, including suggestions for improving the collection. Przemek Kiosowski at Gaithersburg, MD 20899-1070, Attn: Przemek Kiosowski at

WARNING**

Create your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact :

Affiliation:

Please enter at least 5 characters, and then select your affiliation from the generated list.
Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

Emergency Contact Information

This information will be extremely important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Activate

Privacy Act Statement

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- Republic of Uzbekistan
- Republic of Vanuatu
- Republic of Yemen
- Reunion
- Romania
- Russia
- Rwanda
- Saint Barthelemy
- Saint Helena
- Saint Kitts And Nevis
- Saint Lucia
- Saint Martin
- Saint Pierre And Miquelon
- Saint Vincent And The Grenadines

Person be subject to a penalty for failure to comply with an information collection has a currently valid OMB Control Number. If you are unable to find the information collection, you could not conduct this survey/information collection. Public comment on this information collection is invited. Please visit the public comment page for reviewing instructions, searching existing data collections, gathering comments and submitting information. All responses to this information collection are confidential. For more information, contact the person in charge of this information collection, including suggestions for improving this information collection. Przemek Klosowski at przemek.klosowski@nist.gov

WARNING**
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WARNING**

Create your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact :

Affiliation:

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Relationship:

Telephone No.:

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- Samoa
- San Marino
- Sao Tome And Principe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Eustatius and Saba Bonaire
- Sint Maarten
- Slovakia
- Slovenia
- Socialist Republic of Vietnam

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WARNING**
 Please enter your account information.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

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Activate

Privacy Act Statement

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Purpose: The National Institute of Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

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Job type: [dropdown]

Job title: [dropdown]

Citizenship: Socialist Republic of Vietnam [dropdown]

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Local contact : [dropdown]

Affiliation: [text input]

Please enter at least 5 characters, and then select your affiliation from the generated list. Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.

Emergency Contact Information

This information will be extremely important in the event of an accident or medical emergency.

First Name: [text input]

Last Name: [text input]

Relationship: [text input]

Telephone No.: [text input]

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Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Act of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

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er network, 3) all computers connected to this network, and 4) and consent to the following: you may access this information on of data transiting or stored on this information system; at seize any communication or data transiting or stored on this y be disclosed or used for any lawful Government purpose.

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Job title:

Citizenship:

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Local contact :

Affiliation:

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First Name:

Last Name:

Relationship:

Telephone No.:

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- Breuer, Herbert
- Brocker, Christoph
- Broholm, Collin
- Brown, Craig
- Brown, David
- Burke, Tanya
- Butch, Nicholas
- Butler, Paul
- Cappelletti, Ronald
- Chen, Wangchun
- Chen-Mayer, Huaiyu
- Chu, Pamela
- Clark, Forrest
- Colvard, Samuel
- Connelly, Patrick
- Consani, Keith
- Cook, Jeremy
- Cooper, Michelle
- Copley, John
- Cunningham, William

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Local contact :

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- Disseiler, Steven
- Downing, Robert
- Dura, Joseph
- English, Mark
- Erwin, Ross
- Faraone, Antonio
- Fink, Laurance
- Fitt, Todd
- Fitzgerald, Evan
- FitzGerald, Mary Ann
- Flynn, Daniel
- Gagliardo, Jeffrey
- Gagnon, Cedric
- Gehring, Peter
- Gentile, Thomas
- Gilbert, Dustin
- Gilliam, David
- Glaze, Deborah
- Glinka, Charles
- Gnaupel-Herold, Thomas**

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Job title:
Citizenship:
 Permanent Resident/Green Card Holder

Local contact :

Affiliation:

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Account

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Emergency Contact Information

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Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact :

Affiliation:

Grutter, Alexander

Hammouda, Boualem

Hanak, Dona

Harriger, Leland

Heald, Allen

Heimbach, Craig

Last Name: Heinrich, Frank

Relationship: Herman, Tobias

Telephone No.: Hernandez, Yamali

Hoogerheide, David

Huang, Qing-Zhen

Huber, Michael

Hudson, Matthew

Hughes, Daniel

Hussey, Daniel

Jacobson, David

Jamer, Michelle

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Contact Information

In the event of an accident or medical emergency.

This information will be used to contact you in the event of an accident or medical emergency.

First Name:

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Purpose: The National Institute for Standards and Technology (NIST) is a National User Facility for neutron scattering research. Its primary function is scientific research and development. Information is collected in support of scientific experiments at NCNR, allocating instrument time, managing the

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Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact :

Affiliation:

Johnson, Douglas

Johnston, Thomas

Jones, Ronald

Kamitakahara, William

Keaton, Crystal

Kelkay, Mitiku

First Name: Kelley, Elizabeth

Last Name: Kelman, Zvi

Relationship: Keyser, Daniel

Telephone No.: Keyser, Julie

Khan, Majeed

Kienzle, Paul

Kirby, Brian

Kline, Steven

Klosowski, Przemek

Kopetka, Paul

Krueger, Susan

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Job type:

Job title:

Citizenship:

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Local contact : Middleton, Michael

Affiliation: Krycka, Kathryn

Krzywon, Jeffrey

LaManna, Jacob

Leao, Juscelino

Lindstrom, Richard

Liposky, Paul

Liu, Yun

First Name: Lynn, Jeffrey

Last Name: MacDavid, Samuel

Relationship: Majkrzak, Charles

Telephone No.: Maliszewskyj, Nicholas

Malone, Andrew

Mao, Yimin

Maranville, Brian

Martin, Michael

McCarty, Polly

McDonald, Michael

Middleton, Michael

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Job type: [dropdown]

Job title: [dropdown]

Citizenship: [dropdown]

Permanent Resident/Green Card Holder Yes No

Local contact : Middleton, Michael [dropdown]

Affiliation: [dropdown]

- Mildner, David
- Moody, James
- Moore, Michael
- Mullendore, Sean
- Mumm, Hans
- Munter, Alan
- Murbach, Michael
- Nagao, Michihiro
- Nester, Dennis
- Neumann, Dan
- Neviaser, Martha
- Newton, Thomas
- Nico, Jeffrey
- Norbedo, Anthony
- O'Brien, Tom
- O'Shaughnessy, Christopher
- Oflaz, Rabia
- Ogg, Daniel

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Contact Information

In the event of an accident or medical emergency.

This information will be used to contact you in the event of an accident or medical emergency.

First Name: [input]

Last Name: [input]

Relationship: [input]

Telephone No.: [input]

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Please provide the information below to activate your account.

Job type: [dropdown]

Job title: [dropdown]

Citizenship: [dropdown]

Permanent Resident/Green Card Holder Yes No

Local contact : Ogg, Daniel [dropdown]

Affiliation: Prask, Henry [dropdown]

Prisk, Timothy

Pritchard, Kevin

Pushin, Dmitry

Qiu, Yiming

Ratcliff II, William

Remley, Bryan

Rinehart, Michael

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Schroder, Ivan

Schwaderer, Marcus

Slaughter, Scott

Slifer, Scott

Sprow, Ricky

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

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First Name:

Last Name:

Relationship:

Telephone No.:

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Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact :

Affiliation:

Tomasi, Kimberly

Tracy, James

Tsai, Peter

Tyagi, Madhu Sudan

Udovic, Terrence

Vasquez, Krystle

Verdal, Nina

Relationship:

Telephone No.:

Watson, Shannon

Weaver, Jamie

Weigandt, Kathleen

Wietfeldt, Fred

Wilkison, Daniel

Williams, Robert

Williamson, Laura

Wiygul, Oscar

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Job type:

Job title:

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Local contact :

Affiliation:

Weigandt, Kathleen

Wietfeldt, Fred

Wilkison, Daniel

Williams, Robert

Williamson, Laura

Wiygul, Oscar

Wrenn, Colin

Relationship: Wu, Hui

Telephone No.: Xu, Guangyong

Xu, Zhijun

Yildirim, Taner

Yue, Andrew

Zeisler, Rolf

Zeltman, Melissa

Zhao, Yang

Zhou, Wei

Ziegler, Jeff

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

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Relationship:

Telephone No.:

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SUMMER SCHOOL APPLICATION

26th NCNR/CHRNS School on Neutron Scattering Application

OMB Control #: 0693-0081
Expiration Date: 09/30/2021

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Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Adon of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974.

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Instructions

This application form is for users who are planning to attend the 26th NCNR/CHRNS School on Neutron Scattering. Please fill in the information requested below. Mandatory fields are indicated by *.

Application Deadline: 23:59:59 PM EDT, November 16, 2020

Personal Information	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States <input type="button" value="v"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text"/>
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<input type="text"/>
<input type="button" value="Submit Application"/>	

SUMMER SCHOOL APPLICATION > TITLE DROP
DOWN

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Application Deadline: 23:59:59 PM EDT, November 16, 2020

Personal Information	
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Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<div style="display: flex; align-items: center;"> <div style="margin-right: 5px;"> <input type="text"/> </div> <div style="border: 1px solid black; padding: 2px;"> states <input style="width: 20px;" type="text"/> </div> </div>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text"/>
Professional Information	
* Institution	<input type="text"/>

SUMMER SCHOOL APPLICATION > COUNTRY
DROP DOWN

This application form is for users who are planning to attend the 26th NCNR/CHRM

attering. Please fill in the information requested below. Mandatory fields are indicated by *

Application Deadline: 23:59:59 PM EDT, November 16, 2020

Registration Information	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

Demographic Information (Responses to these questions are voluntary.)

What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text"/>

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>

Personal Information

* E-mail Address	<input type="text"/>
Title	<input type="text" value="v"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<input style="border-bottom: 1px solid black;" type="text" value="Austria"/> v
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic (these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="text"/>
Are you Hispanic or Latino?	<input type="text"/>
What is your race? You may skip this question if you prefer.	<input type="text"/>
Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input style="border-bottom: 1px solid black;" type="text"/> v
If Other, please specify	<input type="text"/>

- Austria
- Azores
- Bahamas
- Bahrain
- Balearic Islands
- Bangladesh
- Barbados
- Barbuda
- Belgium
- Belize
- Bermuda
- Bhutan
- Bolivia
- Bonaire
- Bophuthatswana**

* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	Bophuthatswana
* Daytime Telephone	Botshabelo
* Evening Telephone	Botswana
Demographic (these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	Brazil
Are you Hispanic or Latino?	British West Indies
What is your race? You may skip this question if you prefer.	Brunei Darussalam
	Bulgaria
	Burma
* Institution	Burundi
* Department	Cambodia
* Professional Status	Canada
If Other, please specify	Canary Islands
If Student or Post-Doc or Other, please give the name of your Principal Advisor	Central African Republic
* Area of Research	Chile
If Other, please specify	China
Have previous neutron experience?	Colombia
	Costa Rica
* Please provide us with your area of research. how your admittance to the summer school will aid	Cuba

* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	Cuba
* Daytime Telephone	England
* Evening Telephone	Ethiopia
Demograph	
What is your sex? You may skip this question if you prefer.	Finland
Are you Hispanic or Latino?	France
What is your race? You may skip this question if you prefer.	Germany
* Institution	Ghana
* Department	Greece
* Professional Status	Greenland
If Other, please specify	Guam
If Student or Post-Doc or Other, please give the name of your Principal Advisor	Haiti
* Area of Research	Holland
If Other, please specify	Hong Kong
Have previous neutron experience?	Hungary
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	Iceland
	India
	Indonesia
	Iran
	Iraq
	Ireland
	Isle of Scilly

- Cuba
- England
- Ethiopia
- Finland
- France
- Germany
- Ghana
- Greece
- Greenland
- Guam
- Haiti
- Holland
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran**
- Iraq
- Ireland
- Isle of Scilly

(these questions are voluntary.)

Information

* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	Iran
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic	
What is your sex? You may skip this question if you prefer.	
Are you Hispanic or Latino?	
What is your race? You may skip this question if you prefer.	
Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	
If Other, please specify	<input type="text"/>
Have previous neutron experience?	
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<div style="border: 1px solid black; height: 100px;"></div>

- Iran
- Jamaica
- Japan
- Kenya
- Korea
- Kuwait
- Lebanon
- Liberia
- Liechtenstein
- Macau
- Malawi
- Mexico
- Monaco
- Mozambique
- Nepal**
- Netherlands
- Netherlands Antilles
- New Zealand
- Nicaragua
- Nigeria
- Norway

* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	Nepal
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic	
What is your sex? You may skip this question if you prefer.	
Are you Hispanic or Latino?	
What is your race? You may skip this question if you prefer.	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="text"/>
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<div style="border: 1px solid black; height: 100px;"></div>

- Nepal
- Netherlands
- Netherlands Antilles
- New Zealand
- Nicaragua
- Nigeria
- Norway
- Pakistan
- Peru
- Philippines
- Poland
- Portugal
- Portuguese India
- Puerto Rico
- Romania
- Rwanda
- Saudi Arabia
- Solomon Islands
- South Africa**
- Spain

(these questions are voluntary.)

Information

* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	Nepal
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic	
What is your sex? You may skip this question if you prefer.	<input type="text"/>
Are you Hispanic or Latino?	<input type="text"/>
What is your race? You may skip this question if you prefer.	<input type="text"/>
Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="text"/>
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<div style="border: 1px solid black; height: 100px;"></div>

- Nepal
- Poland
- Portugal
- Portuguese India
- Puerto Rico
- Romania
- Rwanda
- Saudi Arabia
- Solomon Islands
- South Africa
- Spain
- Sweden
- Switzerland
- Tanzania
- Thailand
- United Kingdom
- Venezuela
- Vietnam
- Virgin Islands
- West Africa
- Western Samoa

SUMMER SCHOOL APPLICATION > RACE DROP
DOWN

* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	Nepal <input type="text"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

Demographic Information (Responses to these questions are voluntary.)

What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No

What is your race? You may skip this question if you prefer.	<input type="text"/>
--	----------------------

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacifican Islander
- White

* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No

* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<div style="border: 1px solid black; height: 150px;"></div>
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SUMMER SCHOOL APPLICATION >
PROFESSIONAL STATUS DROP DOWN

* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	Nepal <input type="text"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

Demographic Information (Responses to these questions are voluntary.)

What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text"/>

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="text"/>

- Student
- Post-Doc
- Jr. Faculty
- Other

* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).

SUMMER SCHOOL APPLICATION > AREA OF
RESEARCH DROP DOWN

* Daytime Telephone		
* Evening Telephone		
Demograph	Hard Condensed Matter Physics	(e voluntary.)
What is your sex? You may skip this question if you prefer.	Magnetic Materials	
Are you Hispanic or Latino?	Materials Science	
What is your race? You may skip this question if you prefer.	Polymer Science	
	Complex Fluids	
	Earth Science	
* Institution	Physical Chemistry and Chemical Physics	<input type="text"/>
* Department	Materials Chemistry	<input type="text"/>
* Professional Status	Biomolecular Science	
If Other, please specify	Residual Stress/Engineering	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	Other	<input type="text"/>
* Area of Research		<input type="text"/>
If Other, please specify		<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No	
* Please provide us with your area of research, how your admittance to the summer school will aid this research and any future work you may have relating to neutron scattering (2000 characters max).	<input type="text"/>	

Submit Application

NEUTRON SCATTERING COURSE APPLICATION

Registration for Neutron Scattering Course (2021) at NCNR

OMB Control #: 0693-0081
Expiration Date: 09/30/2021

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0081. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to average approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary/mandatory/required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NIST Center for Neutron Research at: 100 Bureau Drive, Mail Stop: 6102, Gaithersburg, MD 20899-1070, Attn: Przemek Klosowski at przemek.klosowski@nist.gov.

WARNINGWARNING**WARNING**WARNING**WARNING**

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WARNINGWARNING**WARNING**WARNING**WARNING**

Privacy Act Statement

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Section 1	
* Registration Type	<input type="text"/>
Section 2	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
Section 3 (Optional)	
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text"/>
Area of Research Interest	<input type="text"/>
Any information you would like to be shared with the course instructor.	<div style="border: 1px solid black; height: 100px;"></div>
If you have a disability and require accommodations to fully participate in this activity, please check here.	<input type="radio"/> Yes <input type="radio"/> No If yes, you will be contacted by someone from our staff to discuss your specific needs.
<input type="button" value="Submit Application"/>	

NEUTRON SCATTERING COURSE APPLICATION

- > REGISTRATION TYPE DROP DOWN

Security Action of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

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Section 1	
* Registration Type	<input type="text"/>
Section 2	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
Section 3 (Optional)	
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female
Are you Hispanic or Latino?	<input type="radio"/> Yes <input type="radio"/> No
What is your race? You may skip this question if you prefer.	<input type="text"/>
Area of Research Interest	<input type="text"/>
	<input type="text"/>

NEUTRON SCATTERING COURSE APPLICATION

> TITLE DROP DOWN

Security Action of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

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Section 1	
* Registration Type	<input type="text"/>
Section 2	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Female <input type="radio"/> No
Are you Hispanic or Latino?	<input type="radio"/> No
What is your race? You may skip this question if you prefer.	Other <input type="text"/>
Area of Research Interest	<input type="text"/>
	<input type="text"/>

- Mr.
- Mrs.
- Miss
- Ms.
- Dr.
- Prof.
- Rev.
- Other

NEUTRON SCATTERING COURSE APPLICATION
> PROFESSIONAL STATUS DROP DOWN

stated. This information may also be retained indefinitely as deemed necessary for the purpose of distributing updates and information.
For additional information, see the [NIST Privacy Statement/Security Notice](#).

Section 1

* Registration Type

Section 2

* E-mail Address

Title

* Surname

* Given Name

* Institution

* Department

* Professional Status

Section 3 (Optional)

What is your sex? You may skip this question if you prefer. Student Female

Are you Hispanic or Latino? Post-Doc

What is your race? You may skip this question if you prefer. Jr. Faculty

Area of Research Interest Other

Any information you would like to be shared with the course instructor.

If you have a disability and require accommodations to fully participate in this activity, please check here. Yes No
If yes, you will be contacted by someone from our staff to discuss your specific needs.

NEUTRON SCATTERING COURSE APPLICATION

> RACE DROP DOWN

stated. This information may also be retained indefinitely as deemed necessary for the purpose of distributing updates and information.
For additional information, see the [NIST Privacy Statement/Security Notice](#).

Section 1

* Registration Type

Section 2

* E-mail Address

Title

* Surname

* Given Name

* Institution

* Department

* Professional Status

Section 3 (Optional)

What is your sex? You may skip this question if you prefer. Male Female

Are you Hispanic or Latino? Yes No

What is your race? You may skip this question if you prefer.

Area of Research Interest

Any information you would like to be shared with the course instructor.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Pacifican Islander
- White

If you have a disability and require accommodations to fully participate in this activity, please check here. Yes No

If yes, you will be contacted by someone from our staff to discuss your specific needs.

USER'S DASHBOARD

Welcome Siddharth Khosla

IMS User Dashboard

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Events

Visitor Registration Submission Date: 02/12/2020

[Edit](#) [Save](#) [Cancel](#)

Profile		Health Physics	
Name:	Siddharth Khosla	Training Date:	Request Training
Email:	SKHOSLA@HOTMAIL.COM	Expiration Date:	
Local Contact:	FitzGerald, Mary Ann		
Affiliation:	University of Maryland Baltimore County - Depar		
Room Number:	235/K07		
Phone Extension:	4641		
Job Title:	Computer/IT		

Demographic Details

Wish to disclose Yes **DO NOT wish to disclose** Yes

What is your sex? Male Female

Are you Hispanic or Latino? Yes No

What is your race? (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Responses to these questions are voluntary. Your responses are treated in a highly confidential manner. The aggregate information will be used to determine if our NSF-funded programs are reaching all segments of the population. Thank you for helping us determine the impact of our efforts.

Proposals	Beam Time	Publications
Saved: 2	Saved: 3	Submitted to WERB: 0
Submitted: 3	Submitted: 2	WERB Approved: 0
Accepted: 2	Scheduled: 4	In Press: 0
Rejected: 0	Total: 9	Published: 1
Scheduled: 1		Total: 2
Total: 8		

Experiments

You do not have any experiments scheduled.

Privacy Act Statement

Authority: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Action of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

Purpose: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

Routine Uses: NIST will use this information to conduct necessary government business for the processing of applicants to gain entry into the NIST/NCNR Facility. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 522a) to be shared among NIST staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices: NIST 5: Nuclear Reactor Operator Licenses File; NIST 1: NIST Associates (this has a special section for Facility User Records for NCNR); DEPT. 25: Access Control and Identity Management System.

Disclosure: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST NCNR Facility. The failure to provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated. This information may also be retained indefinitely as deemed necessary for the purpose of distributing updates and information.

For additional information, see the [NIST Privacy Statement/Security Notice](#).

- Useful Links:
- [NCNR Homepage](#)
 - [NCNR Safety Guidelines](#)
 - [Requirements for Facility Access](#)
 - [Planning Your Experiment](#)
 - [Data Reduction, Visualization and Analysis](#)
 - [Visitor and Travel Information](#)

USER'S DASHBOARD > LOCAL CONTACT DROP
DOWN

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- [NCNR Safety Guidelines](#)
- [Requirements for Facility Access](#)
- [Planning Your Experiment](#)
- [Data Reduction, Visualization and Analysis](#)
- [Visitor and Travel Information](#)

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: FitzGerald, Mary Ann

Affiliation: **Adler, Daniel** County - Depart

Room Number: Alina, Gervaise

Phone Extension: Anderson, David

Job Title: Arif, Muhammad

Health Physics

Training Date:

Expiration Date:

Demographic Details

Wish to disclose Yes

What is your sex?:

Are you Hispanic or Latino?:

What is your race? (Select one or more):

Responses to these questions are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are determine the impact

Responses are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are determine the impact

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Events

Visitor Registration Submission Date: 02/12/2020

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: FitzGerald, Mary Ann

Affiliation: Blackman, Myron

Room Number: Bleuel, Markus

Phone Extension: Bobik, Paul

Job Title: Borchers, Julie

Demographic Details

Wish to disclose Yes No

What is your sex?: Brand, Paul

Are you Hispanic or Latino?: Breuer, Herbert

What is your race? (Select one or more): Brocker, Christoph

Broholm, Collin

Brown, Craig

Brown, David

Burke, Tanya

Butch, Nicholas

Butler, Paul

Cappelletti, Ronald

Chen, Wangchun

Chen-Mayer, Huaiyu

Health Physics

Training Date:

Expiration Date:

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Responses to these questions are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are determined the impact of our research. Responses are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are determined the impact of our research.

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- [Visitor and Travel Information](#)

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: FitzGerald, Mary Ann

Affiliation: Clark, Forrest

Room Number: Colvard, Samuel

Phone Extension: Connelly, Patrick

Job Title: Consani, Keith

Health Physics

Training Date:

Expiration Date:

Demographic Details

Wish to disclose Yes No

What is your sex?: Cooper, Michelle

Are you Hispanic or Latino?: Copley, John

What is your race? (Select one or more): Cunningham, William

Downing, Robert

Responses to these questions are treated in a highly confidential manner. Responses are used to determine the impact of our NSF-funded programs and to help us determine the impact of our NSF-funded programs.

Responses to these questions are treated in a highly confidential manner. Responses are used to determine the impact of our NSF-funded programs and to help us determine the impact of our NSF-funded programs.

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- [Planning Your Experiment](#)
- [Data Reduction, Visualization and Analysis](#)
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Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: FitzGerald, Mary Ann

Affiliation: Fink, Laurance

Room Number: Fitt, Todd

Phone Extension: Fitzgerald, Evan

Job Title: FitzGerald, Mary Ann

Health Physics

Training Date:

Expiration Date:

Demographic Details

Wish to disclose Yes No

What is your sex?:

Are you Hispanic or Latino?:

What is your race? (Select one or more):

- FitzGerald, Mary Ann
- Fink, Laurance
- Fitt, Todd
- Fitzgerald, Evan
- FitzGerald, Mary Ann
- Flynn, Daniel
- Gagliardo, Jeffrey
- Gagnon, Cedric
- Gehring, Peter
- Gentile, Thomas
- Gilbert, Dustin
- Gilliam, David
- Glaze, Deborah
- Glinka, Charles
- Gnaupel-Herold, Thomas
- Greenberg, Robert
- Groff, Christine
- Gutter, Alexander

Responses to these questions are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are determining the impact

Responses are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are determining the impact. Thank you for helping us

- Review Proposals for NCNR
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Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: Groff, Christine

Affiliation: County - Depart

Room Number:

Phone Extension:

Job Title: Hammouda, Boualem

Demographic Details

Wish to disclose Yes No

What is your sex?:

Are you Hispanic or Latino?:

What is your race? (Select one or more):

- Groff, Christine
- Groff, Christine
- Grutter, Alexander
- Hammouda, Boualem
- Hanak, Dona
- Harriger, Leland
- Heald, Allen
- Heimbach, Craig
- Heinrich, Frank
- Herman, Tobias
- Hernandez, Yamali
- Hoogerheide, David
- Huang, Qing-Zhen
- Huber, Michael
- Hudson, Matthew
- Hughes, Daniel
- Hussey, Daniel
- Jacobson, David
- Jamer, Michelle
- Jensen, Grethe

Health Physics

Training Date: Request Training

Expiration Date:

Responses to these confidential manner. funded programs are determine the impact

Responses are treated in a highly confidential manner. These responses are used to determine if our NSF-funded programs are determined the impact.

Proposals

Saved:	2	Time	3
Submitted:	3		2
Accepted:	2		4

Publications

Submitted to WERB:	0
WERB Approved:	0
In Press:	0

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- Staff Training
- Radiation Safety
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Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: Jensen, Grethe

Affiliation: Jensen, Grethe

Room Number: Johnson, Douglas

Phone Extension: Johnston, Thomas

Job Title: Jones, Ronald

Health Physics

Training Date: Request Training

Expiration Date:

Demographic Details

Wish to disclose: Yes

What is your sex?:

Are you Hispanic or Latino?:

What is your race? (Select one or more):

- Jensen, Grethe
- Johnson, Douglas
- Johnston, Thomas
- Jones, Ronald
- Kamitakahara, William
- Keaton, Crystal
- Kelkay, Mitiku
- Kelley, Elizabeth
- Kelman, Zvi
- Keyser, Daniel
- Keyser, Julie
- Khan, Majeed
- Kienzle, Paul
- Kirby, Brian
- Kline, Steven
- Klosowski, Przemek
- Kopetka, Paul
- Krueger, Susan
- Krycka, Kathryn
- Krzywon, Jeffrey

Responses to these confidential manner. funded programs are determine the impact

Responses are treated in a highly e used to determine if our NSF- pulation. Thank you for helping us

Proposals

Saved:	2
Submitted:	3
Accepted:	2

Time

3
2
4

Publications

Submitted to WERB:	0
WERB Approved:	0
In Press:	0

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- Logout

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: Krycka, Kathryn

Affiliation: County - Depart

Room Number:

Phone Extension:

Job Title: LaManna, Jacob

Health Physics

Training Date:

Expiration Date:

Demographic Details

Wish to disclose Yes No

What is your sex?: Male Female

Are you Hispanic or Latino?: Yes No

What is your race? (Select one or more):

- Krycka, Kathryn
- Krycka, Kathryn
- Krzywon, Jeffrey
- LaManna, Jacob
- Leao, Juscelino
- Lindstrom, Richard
- Liposky, Paul
- Liu, Yun
- Lynn, Jeffrey
- MacDavid, Samuel
- Majkrzak, Charles
- Maliszewskj, Nicholas
- Malone, Andrew
- Mao, Yimin
- Maranville, Brian
- Martin, Michael
- McCarty, Polly
- McDonald, Michael
- Middleton, Michael
- Mihailescu, Mihaela

Responses to these confidential manner. funded programs are determine the impact

Responses are treated in a highly confidential manner. These responses are used to determine if our NSF-funded programs are determined to be of high impact. Thank you for helping us

Proposals

Saved:	2
Submitted:	3
Accepted:	2

Time

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...	2
...	4

Publications

Submitted to WERB:	0
WERB Approved:	0
In Press:	0

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- Logout

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: Krycka, Kathryn

Affiliation: County - Depart

Room Number:

Phone Extension:

Job Title:

Health Physics

Training Date:

Expiration Date:

Demographic Details

Wish to disclose Yes No

What is your sex?:

Are you Hispanic or Latino?:

What is your race? (Select one or more):

- Krycka, Kathryn
- Murbach, Michael
- Nagao, Michihiro
- Nester, Dennis
- Neumann, Dan
- Neviaser, Martha
- Newton, Thomas
- Nico, Jeffrey
- Norbedo, Anthony
- O'Brien, Tom
- O'Shaughnessy, Christopher
- Oflaz, Rabia
- Ogg, Daniel
- Ogg, Douglas
- Ogg, Rebecca
- PARIKH, CHIRAG
- Parikh, Nalin
- Paul, Rick
- Pheiffer, Stephen
- Pierce, Donald

Responses to these confidential manner. funded programs are determine the impact. Responses are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are determined by our NSF-funded programs. Thank you for helping us

Proposals

Saved: 2

Submitted: 3

Accepted: 2

Publications

Submitted to WERB: 0

WERB Approved: 0

In Press: 0

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- Query & Reports
- Institution Management
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- Staff Training
- Radiation Safety
- Logout

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: Krycka, Kathryn

Affiliation: County - Depar

Room Number:

Phone Extension:

Job Title:

Health Physics

Training Date:

Expiration Date:

Demographic Details

Wish to disclose Yes No

What is your sex?:

Are you Hispanic or Latino?:

What is your race? (Select one or more):

- Krycka, Kathryn
- Prask, Henry
- Prisk, Timothy
- Pritchard, Kevin
- Pushin, Dmitry
- Qiu, Yiming
- Ratcliff II, William
- Remley, Bryan
- Rinehart, Michael
- Rodriguez, Jose
- Rowe, J. Michael
- Sahin, Dagistan
- Santoro, Anthony
- Satija, Sushil
- Schroder, Ivan
- Schwaderer, Marcus
- Slaughter, Scott
- Slifer, Scott
- Sprow, Ricky
- Stalick, Judith
- Toixora, Susana

Responses to these confidential manner. funded programs are determine the impact

Responses are treated in a highly e used to determine if our NSF- pulation. Thank you for helping us

Proposals

Saved:	2	3
Submitted:	3	2
Accepted:	2	4

Publications

Submitted to WERB:	0
WERB Approved:	0
In Press:	0

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Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: Krycka, Kathryn

Affiliation: Sprow, RICKY

Room Number: Stalick, Judith

Phone Extension: Teixeira, Susana

Job Title: Thompson, Alan

Health Physics

Training Date: Request Training

Expiration Date:

Demographic Details

Wish to disclose: Yes

What is your sex?:

Are you Hispanic or Latino?:

What is your race? (Select one or more):

- Krycka, Kathryn
- Sprow, RICKY
- Stalick, Judith
- Teixeira, Susana
- Thompson, Alan
- Tomasi, Kimberly
- Tracy, James
- Tsai, Peter
- Tyagi, Madhu Sudan
- Udovic, Terrence
- Vasquez, Krystle
- Verdal, Nina
- Vilaseca, Rodrigo
- Walton, Avery
- Watson, Shannon
- Weaver, Jamie
- Weigandt, Kathleen
- Wietfeldt, Fred
- Wilkison, Daniel
- Williams, Robert
- Williamson, Laura

Responses to these confidential manner. funded programs are determine the impact

Responses are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are determined by the impact of the funding. Thank you for helping us

Proposals

Saved:	2
Submitted:	3
Accepted:	2

Time

Time:	3
Time:	2
Time:	4

Publications

Submitted to WERB:	0
WERB Approved:	0
In Press:	0

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- Logout

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: Krycka, Kathryn

Affiliation: Walton, Avery

Room Number: Watson, Shannon

Phone Extension: Weaver, Jamie

Job Title: Weigandt, Kathleen

Health Physics

Training Date:

Expiration Date:

Demographic Details

Wish to disclose Yes No

What is your sex?:

Are you Hispanic or Latino?:

What is your race? (Select one or more):

- Walton, Avery
- Watson, Shannon
- Weaver, Jamie
- Weigandt, Kathleen
- Wietfeldt, Fred
- Wilkison, Daniel
- Williams, Robert
- Williamson, Laura
- Wiygul, Oscar
- Wrenn, Colin
- Wu, Hui
- Xu, Guangyong
- Xu, Zhijun
- Yildirim, Taner
- Yue, Andrew
- Zeisler, Rolf
- Zeltman, Melissa
- Zhao, Yang
- Zhou, Wei
- Ziegler, Jeff

Responses to these questions are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are the impact of our research. Thank you for helping us

Proposals

Saved: 2

Submitted: 3

Accepted: 2

Publications

Submitted to WERB: 0

WERB Approved: 0

In Press: 0