

- NIGMS Home
- Research Areas (+)
- Research Training (+)
- Capacity Building (+)
- Grants and Funding (+)
- Science Education (+)
- News and Events (+)
- About NIGMS (+)

- ### Related Information
- [Contacts by Type of Question](#)
 - [NIH Post-Award Process Information](#)
 - [NIGMS Feedback Loop Blog Posts](#)
 - [Moving to a New Institution? Contact Us Well in Advance.](#)
 - [Tips for Preparing Your Progress Report](#)

Volunteer to Serve as an NIGMS Reviewer

Please complete the form below to express your interest in serving as a reviewer for NIGMS.

Privacy Act Notification Statement:

Collection of this information is authorized under 42 U.S.C. 241. NIGMS stores personal information provided through this application only for use by the Scientific Review Branch to help qualify the individual to serve as a scientific reviewer. This information may be disclosed to NIGMS staff involved in the scientific review process. NIGMS does not disclose, give, sell or transfer any personal information outside of the institute unless required for law enforcement or by statute. Submission of this information is voluntary, however, in order for us to accept you as a potential scientific reviewer you should complete all required fields.

Reporting Burden:

Public reporting burden for this collection of information is estimated to average 6 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 (0925-0766). Do not return the completed form to this address.

Please ensure that your information is correct before clicking the "Submit" button.

* Fields marked with an asterisk are required.

* First Name:

* Last Name:

* Organization:

* US State or Territory:

* Contact E-mail:

Commons ID (if available):

ORCID ID (if available):

* Degree:

* Expertise: Select all that apply. At least one is required. Terms should reflect your broad expertise, research focus, and methodological expertise

- Bioinformatics, Computational Biology, Biomedical Technology**
 - Computational tools
 - Bioinformatics
 - Molecular/cellular imaging
 - Structural biology

- Biophysics**
- Cell Biology**
- Developmental and Cellular Processes**
- Genetic Mechanisms**
- Pharmacology and physiological sciences**
- Biochemistry**

* Programmatic Areas: Select all that apply. At least one is required.


- Training, workforce development, and diversity**
- Research capacity building**
 - Research facilities and infrastructure
 - Regional and national shared resources
 - Administration/management
 - Institutional research capacity building (e.g., IDeA programs)
 - Tribal communities

Additional Information

Biosketch/Faculty Page URL:

* Attach a biosketch and/or CV: Maximum 2 files. 100 MB limit. Allowed types: pdf, doc, docx

No files selected. At least one is required.

I'm not a robot 

OMB#: 0925-0766 Exp. date: 04/2023

This page last updated on 6/6/2022 3:37 PM