

CEP Public Reporting Burden Statement

Public reporting burden for this collection of information is estimated to average 20 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 (0925-0698).

Do not return the completed form to this address.



Clinical Electives Program(CEP) Application

OMB Number: 0925-0698 Expiration date: 08/31/2023 Public Reporting Burden State

Instructions: If you already have a saved appliation click on the Login button

Before you begin, you may want to review a statement about privacy. After you fill out the application form below, press the [Save] button at the bottom of this page to resume your application later. You MUST Press the [Submit] button to complete the application process.

Eligibility Requirements for the NIH Clinical Electives Program

Notice to all applicants: Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program. Please contact CEP@mail.nih.gov if you need assistance or have questions.

- We advise International students to apply a minimum of six months prior to the desired elective start date
 We advise domestic students to apply a minimum of three months prior to the desired elective start date.





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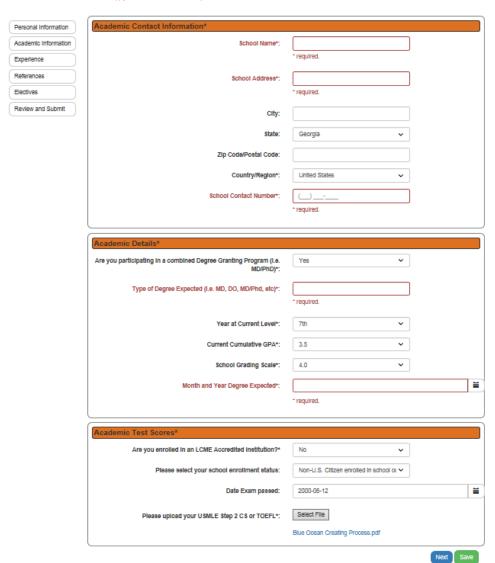
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* We advise domestic students to apply a minimum of three months prior to the desired elective start date.



- Land Driver College

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Clinical Electives Program(CEP) Application

OMB Number: 0925-0898 Expiration date: 07/31/2020 Public Reporting Burden Statemen

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Personal Information	Cover Letter*
Academic Information	Upload Cover Letter File: Select File
Experience	
References	CV/Resume*
Electives	Upload CV/Resume File: Select File
Review and Submit	
	Please attach a copy of your official transcript or mark sheet which Includes completed core clerkship grades and coursework currently in progress. Upload Official transcript or test scores: Select File Note: If you are unable to attach your official transcript or test scores above, they should be sent to: Coordinator, Clinical Electives Program Office of Intramural Training and Education National Institutes of Health Building 10, Room 1N-252 10 Center Drive, MSC 1158 Bethesda, MD 20892-1158







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Clinical Electives Program(CEP) Application

OMB Number: 0925-0898 Expiration date: 07/31/2020 Public Reporting Burden Statement

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Personal Information	References			
Academic Information	Please provide contact information for the Dean of Student Affairs or equivalent and faculty member providing letters. Letters and contact information must be from two separate individuals. The Dean of Student Affairs or equivalent must approve your participation in the Clinical Electives Program.			
Experience	**Letters must be on official school letterhead and have official signatu	ures.**		
References	Dean of Student Affairs or equivalent – letter of good standing is required. If English is not your primary language, your Dean for equivalent institutional official) must confirm, in this letter, that your English language communication skills with patients has been formally and directly assessed in the clinical setting and, on the basis of such an assessment, is at a level sufficient to permit direct involvement in patient care in the United States			
Electives				
Review and Submit	Title*:	~		
	First Name*:			
	Middle Initial:			
	Last Name*:			
	Email Address*:			
	Medical or Dental school faculty or equivalent.			
	Title*:	~		
	First Name*:			
	Middle Initial:			
	Last Name*:			
	Email Address*:			

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