

REP Public Reporting Burden Statement

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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.

Please e-mail technical questions or comments to REP@mail.nih.gov | [Privacy Policy](#) | [Legal Disclaimer](#)

Resident Electives Program(REP) Application

OMB Number: 0925-0698
Expiration date: 08/31/2023
[Public Reporting Burden Statement](#)

All required fields are notated with an asterisk*.

Instructions: *If you already have a saved application 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.

Applicants are advised to apply a minimum of three months prior to the start date of the elective in which they would like to participate.

[Eligibility Requirements for the NIH Resident/Fellow Electives Program](#)

Personal Information	Contact Details
Residency Information	
Experience	
References	
Electives	
Review and Submit	
	Title*: <input type="text" value="Select"/>
	First Name*: <input type="text"/>
	Middle Initial: <input type="text"/>
	Last Name*: <input type="text"/>
	Degree*: <input type="text" value="Select"/>
	Email Address*: <input type="text"/>
	Current Home Address*: <input type="text"/>
	City: <input type="text"/>
	State: <input type="text" value="Select"/>
	Zip Code: <input type="text"/>
	Phone Number*: <input type="text"/>
	Current PGY Level*: <input type="text" value="Select"/>
	Status
	Citizenship Status*: <input type="text" value="Select"/>
	Previous research experience at NIH: <input type="text" value="Select"/>
	<input type="button" value="Save"/> <input type="button" value="Cancel"/>

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All required items are included with an asterisk *

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Personal Information
Residency Information
Experience
References
Electives
Review and Submit

Residency/Fellowship Information*

I am a current resident in an ACGME-accredited residency training program.

I have completed an ACGME-accredited residency and I am now a fellow.

Specialty or Subspecialty Program*:

Sponsoring Institution/Hospital*:

Address of Institution/Hospital*:

Institution/Hospital:

City:

State:

Zip Code:

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Personal Information
Residency Information
Experience
References
Electives
Review and Submit

Cover Letter*

(Briefly explain your interest in applying for a residency/fellow elective at the NIH)

Upload Cover Letter File:

CV/Resume*

Upload CV/Resume File:

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[Eligibility Requirements for the NIH Resident/Fellow Electives Program](#)

- Personal Information
- Residency Information
- Experience
- References**
- Electives
- Review and Submit

References

Program Director's Information:

Title*:

First Name*:

Middle Initial:

Last Name*:

Specialty or Subspecialty Program:

Sponsoring Institution/Hospital*:

Institution/Hospital Address:

City:

State:

Zip Code:

Office Phone*:

Office Email*:

Faculty Reference Information:

Title*:

First Name*:

Middle Initial:

Last Name*:

Specialty or Subspecialty Program:

Sponsoring Institution/Hospital*:

Institution/Hospital Address:

City:

State:

Zip Code:

Office Phone*:

Office Email*:

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[Eligibility Requirements for the NIH Resident/Fellow Electives Program](#)

Personal Information	First Choice* Elective: <input type="text" value="Select"/> <input type="button" value="v"/> Month/Session: <input type="text" value="Select"/> <input type="button" value="v"/> Second Choice Elective: <input type="text" value="Select"/> <input type="button" value="v"/> Month/Session: <input type="text" value="Select"/> <input type="button" value="v"/> Third Choice Elective: <input type="text" value="Select"/> <input type="button" value="v"/> Month/Session: <input type="text" value="Select"/> <input type="button" value="v"/>
Residency Information	
Experience	
References	
Electives	
Review and Submit	

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