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Bethesda, MD 20892-7974,
ATTN: PRA (0925-0698).
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Resident Electives Program(REP) Application

OMB Number: 0925-0698
Expiration date: 08/31/2023
Public Reporting Burden Statement
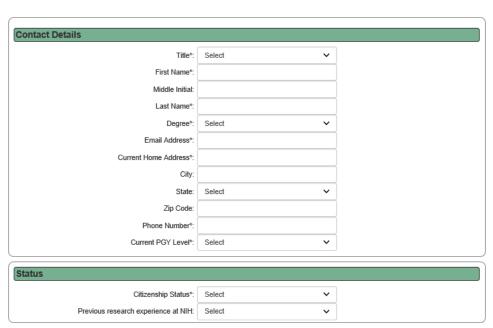
All required fields are notated with an asterisk*.

Instructions: *If you already have a saved appliation click on the Login botton*
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
Residency Information
Experience
References
Electives
Review and Submit

Contact Details

Field	
Title*:	Select
First Name*:	
Middle Initial:	
Last Name*:	
Degree*:	Select
Email Address*:	
Current Home Address*:	
City:	
State:	Select
Zip Code:	
Phone Number*:	
Current PGY Level*:	Select

Status

Field	
Citizenship Status*:	Select
Previous research experience at NIH:	Select

Save   Cancel

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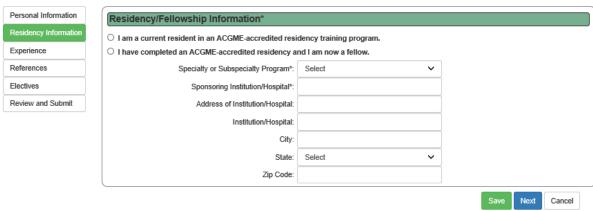**Instructions**: *If you already have a saved appliation click on the Login botton*

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.

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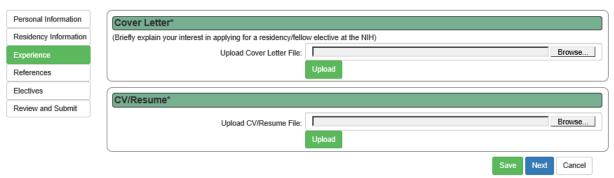Eligibility Requirements for the NIH Resident/Fellow Electives Program

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*: [Select ▼]

Sponsoring Institution/Hospital*: [   ]

Address of Institution/Hospital: [   ]

Institution/Hospital: [   ]

City: [   ]

State: [Select ▼]

Zip Code: [   ]

[Save] [Next] [Cancel]

Please e-mail technical questions or comments to REP@mail.nih.gov | Privacy Policy | Legal Disclaimer

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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: [   ] [Browse...]

[Upload]

CV/Resume*

Upload CV/Resume File: [   ] [Browse...]

[Upload]

[Save] [Next] [Cancel]

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.

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Eligibility Requirements for the NIH Resident/Fellow Electives Program

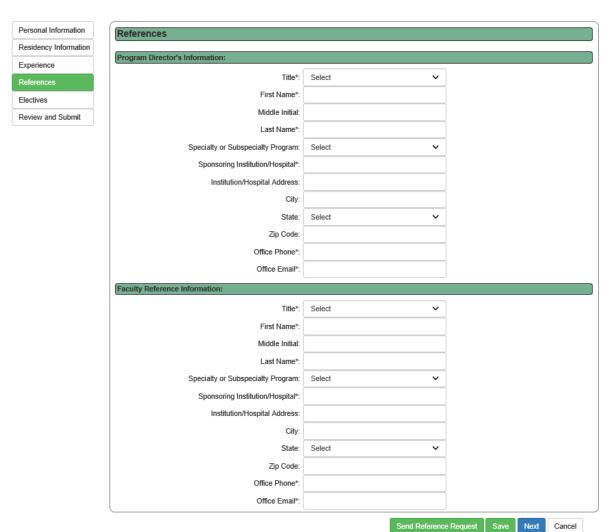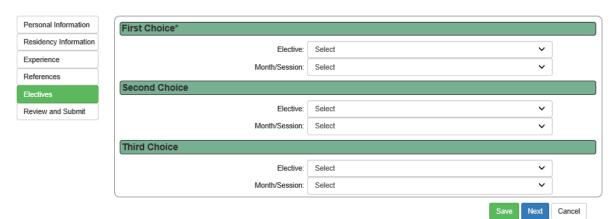| Personal Information |
|---|
| Residency Information |
| Experience |
| **References** |
| Electives |
| Review and Submit |

References

Program Director's Information:

Field	Value
Title*:	Select
First Name*:	
Middle Initial:	
Last Name*:	
Specialty or Subspecialty Program:	Select
Sponsoring Institution/Hospital*:	
Institution/Hospital Address:	
City:	
State:	Select
Zip Code:	
Office Phone*:	
Office Email*:	

Faculty Reference Information:

Field	Value
Title*:	Select
First Name*:	
Middle Initial:	
Last Name*:	
Specialty or Subspecialty Program:	Select
Sponsoring Institution/Hospital*:	
Institution/Hospital Address:	
City:	
State:	Select
Zip Code:	
Office Phone*:	
Office Email*:	

Send Reference Request   Save   Next   Cancel

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

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Eligibility Requirements for the NIH Resident/Fellow Electives Program

Personal Information
Residency Information
Experience
References
Electives
Review and Submit

First Choice*

Elective: [Select ▾]

Month/Session: [Select ▾]

Second Choice

Elective: [Select ▾]

Month/Session: [Select ▾]

Third Choice

Elective: [Select ▾]

Month/Session: [Select ▾]

[Save] [Next] [Cancel]