

## POSTBACCALAUREATE IRTA PROGRAM

### POSTBAC APPLICATION CENTER

### Sign In

Login (Email Address):

Password (case sensitive):

[Forgot your password?](#)

**Sign In**

### Don't have a Postbac IRTA Account?

**Create a new account**

#### Security Guidelines

As an account holder for this site, you are responsible for maintaining the confidentiality of your account, including your password, and for monitoring any and all activity associated with it. You agree to [notify us](#) immediately of any unauthorized use of your account or password or any other breach of security. You also agree that you will not use anyone else's Postbac IRTA account at any time.


To keep your account secure, please follow these tips:

- Always sign out when you have completed your session in the system.
- Avoid using the same password for multiple online accounts.
- Choose a password only you know, and do not share it with anyone.
- When creating your account, use an email address that is personal and private, controlled by only you and not shared with anyone, even family members.
- Consider resetting your password periodically to enhance the security of your account. If you suspect that someone knows your login credentials, [change your password](#) without delay.

## POSTBACCALAUREATE IRTA PROGRAM

### CREATE ACCOUNT

#### Primary Email Address

 All fields are required.

Only one account can be created for each email address. Do not share your account with anyone else.

#### Confirm Primary Email Address



#### Terms and Conditions

This U. S. Federal Government system is to be used by authorized users only. Information from this system resides on computer systems funded by the government. The data and documents on this system include Federal records that may contain sensitive information protected by various Federal statutes, including the Privacy Act, 5 U.S.C. § 552a.

All access or use of this system constitutes user understanding and acceptance of these terms and constitutes unconditional consent to review, monitoring and action by all authorized government and law enforcement personnel. While using this system your use may be monitored, recorded and subject to audit.

Unauthorized user attempts or acts to (1) access, upload, change, or delete or deface information on this system, (2) modify this system, (3) deny access to this system, (4) accrue resources for unauthorized use or (5) otherwise misuse this system are strictly prohibited. Such attempts or acts are subject to action that may result in criminal, civil, or administrative penalties.

By selecting the "Create Account" button, you are agreeing to the above Terms and Conditions.

**Create Account**

## POSTBACCALAUREATE IRTA PROGRAM

### CHANGE PASSWORD

[Sign Out](#)

**Important:** You must change your password before you can proceed. Please complete the form below to update your password now.

[Tips for choosing a strong password](#)

**Login (Email Address):**

**Current password:**   
(passwords are case sensitive)

**New password:**  (8–30 characters)

**Confirm New password:**

**Continue**

**Cancel**

[home](#) [for prospective applicants](#)

## POSTBACCALAUREATE IRTA PROGRAM

### POSTBAC APPLICATION CENTER

[Sign Out](#)

Welcome, **Patricia**. To create your application, please read the instructions and then press the [APPLY NOW] button located at the bottom of the form.

#### Account Manager

[Update Contact Information](#)

[Change Password](#) | [Change Email](#)

**Name:** Ms. Patricia Wagner

**Email:** wagnerpa@od.nih.gov

**Home Phone:** (240) 476-3619

**Permanent Address:** 2 Center Drive

Building 2 / Room 2E06  
Bethesda, MD  
20892  
United States

#### Application Manager

To create your application, please read the instructions and then press the [APPLY NOW] button located at the bottom of the form.

Before you begin, watch the video, [How to Apply to the NIH Intramural Postbac Program](#).

**Instructions:** Before you begin, you may want to review some [helpful hints](#) on using this electronic form and our [privacy statement](#).

The application form allows you to save a partially completed application. To take advantage of this feature, please proceed as follows:

1. After you have read these instructions, select the "Apply Now!" button at the bottom of the page.
2. Complete the first section of the form (*Personal Information*) and enter as much additional information as you would like.
3. To save your partial application, press "Preview Partial Application," review the information you provided, to ensure it is accurate, and select the "Save" button on the Preview page. To be considered for the program, you **must** return later to complete your application.

Once you have completed all required fields and are ready to submit your application, press "Preview Completed Application." Again, review the information you provided, to ensure it is accurate, and select the "Save" button on the Preview page.

IMPORTANT NOTE: NIH investigators and administrators can access **completed** applications only; they cannot access partial applications at all.

#### Application Tips:

1. Please read the [Postbac IRTA program description](#) and the associated "[Frequently Asked Questions](#)" before beginning your online application.
2. Be sure that the email addresses you provide for your references are accurate. Incorrect email addresses will result in your references' not receiving the request for a letter of recommendation and could result in your application's not receiving full consideration.
3. Please note that this form accepts **plain text** inputs only. This means that special characters and formatting such as bullets, "smart quotes," bold or italic fonts, Greek letters, etc., will be lost or altered. To ensure your data appears as you intend it to, compose your inputs to the longer fields on this form using a plain text editor (e.g., Notepad, for PC users, or TextEdit, for Mac users). In place of special formatting, use capital letters, white space, asterisks, and other standard keyboard characters.
4. Proofread your application thoroughly for accuracy and completeness; false or inaccurate information may be grounds for denying your candidacy or removing you from the program.
5. Complete your application as soon as possible and encourage your references to submit their letters promptly using our online system. Due to the volume of applications we receive—and to ensure the authenticity and privacy of letters regarding applicants to our programs—we cannot accept letters submitted by email or as hard copies. All letters of recommendation must be submitted through our online system.
6. NOTE: There is no deadline for applying to the Postbac IRTA program; applications are accepted on a rolling basis.

#### Eligibility Criteria:

1. All candidates must be U.S. citizens or permanent residents.
2. Candidates for the Postbac IRTA Program must be
  - college graduates who received their bachelor's degrees less than THREE years prior to the date they begin the program,
  - individuals who are more than 3 years past the receipt of their bachelor's degree but received a master's degree less than SIX MONTHS before they begin the program, or
  - students who have been accepted into graduate or professional (medical, dental, pharmacy, veterinary, etc.) school and who have written permission from their school to delay entrance for up to one year to pursue a biomedical research project at the NIH.
3. All candidates must (a) intend to apply to graduate or professional (medical, dental, pharmacy, nursing, veterinary) school during their tenure at the NIH; or (b) have been accepted into graduate or professional school and have received written permission from the school to delay entrance for up to one year to pursue a biomedical research project at the NIH.
4. Candidates may not apply more than NINE MONTHS before they expect to receive a bachelor's and/or master's degree.

I have read and understood the general eligibility requirements and instructions.

[Apply Now!](#)

**POSTBACCALAUREATE IRTA PROGRAM**  
 PROGRAM APPLICATION

[Sign Out](#)

OMB No. 0925-0299  
 Expiration Date 06/30/2022  
[Respondent Burden](#)



**Instructions:** Complete all the required fields below and press the appropriate button at the bottom of the form to save your information. If you would like, you can [review the instructions and eligibility requirements.](#)

Indicates a required field. Indicates a help button.

**1. Personal Information**

You must enter this information if you wish to save your application.

**Name:** Ms. Patricia Wagner

**Email Address:** wagnerpa@od.nih.gov

**Permanent Home Phone:** (240) 476-3619

**Permanent Address:** 2 Center Drive  
 Building 2 / Room 2E06  
 Bethesda, MD  
 20892  
 United States

**Citizenship Status:**

**Bachelor's Degree Date:**  /  **Month and Year Degree Received/Expected (mm/yyyy)**

**Master's Degree Date (if applicable):**  /  **Month and Year Degree Received/Expected (mm/yyyy)**

I have been accepted into graduate or professional (medical, dental, pharmacy, veterinary, etc.) school and have written permission from my school to delay entrance for up to a year to pursue a biomedical research project at the NIH.

Yes  No

**Personal Information - Continued**

**Preferred Phone Number:**

**Relative at NIH:** [Help: Definition of "relative"](#)  
 Yes  No

If yes, enter the Name and Institute/Center of each Relative (please list all):

## 2. Academic Information

### Bachelor's Degree:

Bachelor's Institution:

Cumulative GPA:

Grading Scale:

Note: If you select 'Other', please explain in Section 3, Coursework and Grades. Be sure to describe your school's grading scale and your current cumulative average relative to that scale.

Undergraduate Academic Major:  or

Bachelor's Degree Type:

### Master's Degree: (if applicable)

Master's Institution:

Cumulative GPA:

Grading Scale:

Master's Degree Type:

Education Plans:  or

Note: Please indicate the degree you plan to pursue after completing your time at NIH.

## 3. Coursework and Grades

Please enter all the courses you have completed, not just your science courses, Also enter any courses you are currently taking or in which you will enroll during your final semester. As you receive grades for these courses, add them here using the Modify Application tool.

Course Title	Grade
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#### 4. CV/Resume

Copy and paste a plain text version of your curriculum vitae into this space. Minor reformatting may be necessary. Include education, relevant research experience, volunteer or community service activities, teaching/mentoring experience, leadership experience, honors and awards, publications, etc.

#### 5. References

##### Reference 1:

Name:

Prefix First MI Last

Phone:

Email:  Format: user@server.com

##### Reference 2:

Name:


Prefix First MI Last

Phone:


Email:  Format: user@server.com




### Reference 3:

Name:     

Prefix First MI Last

Phone:  

Email:   Format: user@server.com

### 6. Research Interest Keywords:

Please provide a brief list of your research interests (limit 150 characters, including spaces). NIH investigators may search on this field to find applicants whose research interests match their own. You may wish to enter terms that describe particular diseases or conditions (e.g., Alzheimer's disease, macular degeneration, obesity); the techniques you are interested in applying (e.g., two-photon microscopy, patch clamping, rapid sequencing, bioinformatics); or general subject areas (such as epidemiology, public health, molecular neuroscience).

### 7. Cover Letter

Please write a cover letter outlining your research interests, career goals, and reasons for applying for training at the NIH.

### 8. Training Locations

Training occurs on several sites including the main campus in Bethesda, MD. To help our investigators, please indicate ALL locations where you would be willing to train. 

- Bethesda, MD (main NIH campus)
- Frederick, MD (some NCI labs)
- Baltimore, MD (most NIA labs and all NIDA labs)
- Research Triangle Park (Raleigh/Durham), NC (NIEHS only)
- Hamilton, MT (limited positions in NIAID)
- Phoenix, AZ (limited positions in NIDDK)
- Detroit, MI (limited positions in NICHD)
- Framingham, MA (limited positions at NHLBI)

**Notice to all applicants:**

It is your responsibility to ensure that all of the above information is correct. False or inaccurate information contained in this application or provided during an interview may be grounds for denying your candidacy or removing you from the program.

[Preview Partial Application](#)

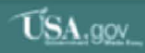
[Preview Completed Application](#)

[Cancel](#)

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 45 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 (0925-0299). Do not return the completed form to this address.

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## SURVEY

[Sign Out](#)

### PROGRAM SURVEY

OMB No. 0925-0299

Expiration Date 06/30/2019

[Respondent Burden](#)

**Instructions:** Please complete the form below and then press the [Submit] button at the bottom of the page. You may want to review [General Instructions](#) for filling out the form and the [Privacy Act statement](#) describing the information collected here is used.

#### How did you hear about this program? (Please select all that apply.)

- Ad in a scientific journal (Nature, Science); please specify:
- Ad in a student journal; please specify:
- Ad in a meeting program
- Exhibit at a meeting; please specify:
- Career development/opportunities workshop
- Flier
- Poster
- From a mentor or advisor
- From an alumnus/alumna of the program
- NIH representative visited school
- Web search
- Other; please specify:

**Submit**

**Cancel**