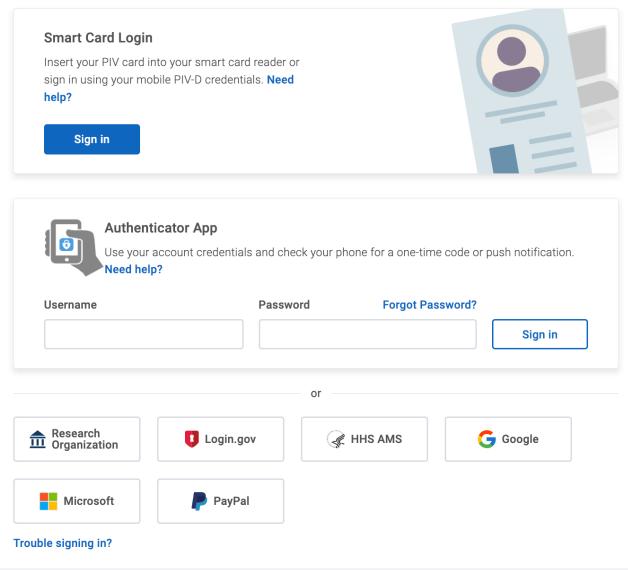


Sign in



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WELCOME

Welcome to the NIH Application Center (NIH-AC), which serves as a central portal for applicants to NIH intramural training programs.

If you already have an NIH-AC account, please choose the appropriate option for existing users. Otherwise, please create a new account.

Existing Users	New Users
already have an NIH-AC account but don't remember which sign-in provider is linked to my account.	I am a first-time user and want to create a new NIH-AC account with as my sign-in provider.
Get Reminder	Create a new account
already have an NIH-AC account but want to link it to a new sign-in provider. I need account linking instructions.	
Get Instructions	

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.

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account.	New Account Form X	
Existin	OMB No.: 0925-0299 Expiration: 31 May 2024	I-AC
which si	Please complete the form below to create a new NIH-AC account. Name Prefix	
Ge	Select 🗸	
	First Name	
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systems fi informatio	Create account Cancel	ensitive
All access	Collection Burden	onal
your use r	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.	system
Unauthori	Participation is voluntary, and there are no penalties for not participating or	dify this
system, (3 prohibited	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.	strictly
	Public reporting burden for this collection of information is estimated to average 3	
<u>NIH DHł</u> Accessibility	minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and	<u>A.gov_</u>
	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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OMB No.: 0925-0299 Expiration: 05/31/2024

- Contact Information
- » Address Information
- » <u>Citizenship</u>
- » Education Level
- » Education Experience
- » Coursework
- » <u>References</u>
- » CV/Resume
- » <u>Review</u>

Contact Information

Enter your phone information below. A primary phone number is required, and we encourage your to enter an alternate phone number if one is available.

Primary Phone Number

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Tune

Alternate Phone Number (Optional)

Туре		
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MB No.: 0925-0299	Address Information	
piration: 05/31/2024	Please provide your permanent address.	
Contact Information	Permanent Address	
Address Information	Address Line 2	
<u>itizenship</u>		
ducation Level	Permanent City	
ucation Experience	remainent City	
<u>oursework</u>		
<u>eferences</u>	Permanent State	
<u>V/Resume</u>	Select N/A if your permanent address is not in the U.S.	\checkmark
view	ZIP/Postal Code	
	Country	
	\sim	
	□ My current address is the same as my perma	anent address.
	Please provide your current address.	
	Current Address	
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Citizenship



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- » Contact Information
- » Address Information
- Citizenship
- » Education Level
- » Education Experience
- » Coursework
- » References
- » CV/Resume
- » Review

Your citizenship status will help us determine if you are eligible for programs offered through this system. This section is required. Select your citizenship status

\checkmark		
	Previous	Save and Continue

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OMB No.: 0925-0299 Expiration: 31 May 2027

- » Contact Information
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- » <u>References</u>
- » <u>CV/Resume</u>
- » <u>Review</u>

Education Level

Your education level will also help us determine your eligibility for NIH training programs.

Please enter your current education level or, if you are not currently enrolled in school, the highest education level you have attained.

Education Level

Year at Current Education Level



Note:If you have recently completed an education level and are not enrolled or accepted into another school, please select "Graduate" from the "Year" options.

If you have been **accepted** into a new school and will soon begin, please select "First" from the "Year" options.

Previous

Indicate the degree you plan to pursue for your ultimate career goal. Ultimate Education Degree Goal

Save and Continue

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Education Experience

Please tell us about your education experience. Enter your current or most recent experience » Contact Information first. This is required. You may also enter earlier education experiences up to a total of five. If you are currently in medical school, for example, NIH investigators are likely to be interested » Address Information in where you obtained your bachelor's degree. Investigators are not likely to be interested in » Citizenship your high school experience unless (1) you are currently in high school or (2) you have just » Education Level beaun college. Education Experience » Coursework Add another school » References » CV/Resume School: Update » Review Is this school based in the U.S? State where this school is located: Start date: End date: Major: GPA/Grade scale: Degree type: Degree date or completion date: Previous Save and Continue

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	Add School X	
OMB No.: Expiration	Use this form to enter information regarding the school you attended.	
» <u>Contact</u>	School attended	ience five. If
» <u>Addres</u>		ested
» <u>Citizens</u> » <u>Educatio</u>	Is this school based in the U.S? \checkmark	ed in just
Educat » Courses	State where this school is located.	
» <u>Referen</u>	Start date Month Vear V	
» <u>CV/Res</u> » <u>Review</u>	End date Month Vear V	ate
	Major v or enter	
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	Degree type Enter the degree/diploma that you earned or expect to earn.	
	\checkmark	
	Degree or completion date Enter the date you earned your degree, received your diploma, or finished this education	
	experience. Month Year Y	inue
NOTE: Wh Be certain	Cancel Save	ication.

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- » Education Level
- » Education Experience
- Coursework
- » <u>References</u>
- » <u>CV/Resume</u>
- » <u>Review</u>

Coursework and grades

Most applications in this system require coursework and grades. If you do not provide that information now, you may be prompted to enter the information later.

Please list all courses completed at your current educational level. Include the grades you received. Include courses in which you are currently enrolled, even if grades are not yet available. Make certain the course titles are informative. For example, Chemistry 40 is insufficient; Organic Chemistry would be better. Finally, if this is your first semester at a new educational level (e.g., your first semester in college), include some information on our prior educational performance (i.e., in high school).

Coursework and grades (Optional):

Name of school A: Course name #1 - In progress Course name #2 - In progress ... Name of school B: Course name #1 - Grade

Course name #2 - Grade ...

Previous

Save and Continue

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- » Contact Information
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- References
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- » Review

Most applications in this system require letters of recommendation. You may, if you wish, enter the names and contact information for up to six (6) references here. Please note that the references will not be contacted during this step.

Add a reference

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OMB No.: 0925-0299	References	
Expiration: 05/31/2024	Most applications in this system require letters of recommendation. You may, if you wis	sh,
» Contact Information Add Reference	e X	hat
» <u>Citizens</u> Use this form to » <u>Education</u>	o add a new reference to your profile.	
» Educatie » Coursev Dr. ~		
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- » <u>References</u>
- CV/Resume
- » <u>Review</u>

Curriculum Vitae or Resume

Most applications in this system require a CV or resume. You may, if you wish, copy and paste a plain text version of your curriculum vitae or resume into this space. Some reformatting may be necessary. Include education, relevant research experience, leadership, community service, honors and awards, scientific publications, etc.

Curriculum Vitae or Resume (Optional):

Previous

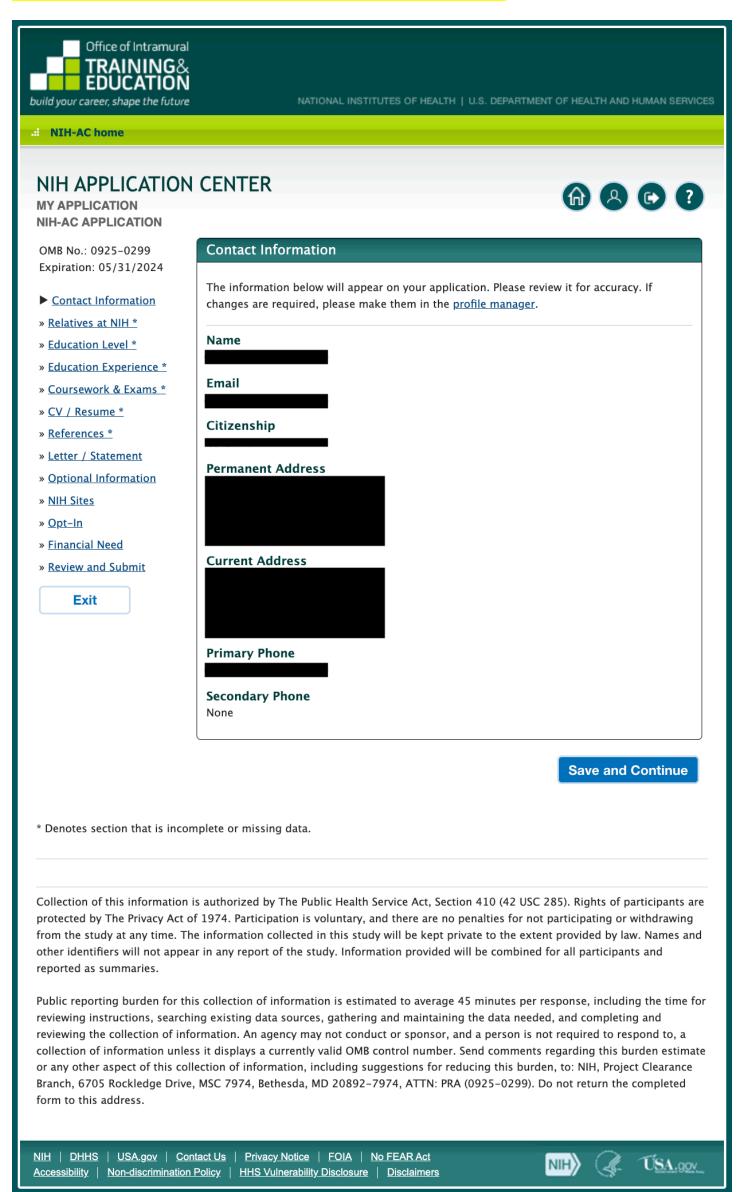
Save and Continue

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OMB No.: 0925-0299 Expiration: 05/31/2024 » Contact Information ▶ Relatives at NIH » Education Level * » Education Experience * » Coursework & Exams * » CV / Resume * » References * » Letter / Statement » Optional Information » NIH Sites » Opt-In » Financial Need » Review and Submit Exit * Denotes section that is incor	Relatives at NIH Please tell us about your relatives at the NIH. Definition of "relative you may list up to 2 relatives using this form. Do you have one or more relatives at the NIH? Yes No Add a relative Previous		e and	Continue	
protected by The Privacy Act o from the study at any time. Th	is authorized by The Public Health Service Act, Section 410 (42 USC f 1974. Participation is voluntary, and there are no penalties for no e information collected in this study will be kept private to the exte ar in any report of the study. Information provided will be combined	t participa ent provide	ting or v ed by lav	withdrawin w. Names a	ıg





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OMB No.: 0925-0299 Expiration: 05/31/2024 » Contact Information • Relatives at NIH » Education Level * » Education Experience * » Coursework & Exams *	Relatives at NIH Please tell us about your relatives at the NIH. Definition of "relative" You may list up to 2 relatives using this form. Do you have one or more relatives at the NIH? • Yes O No		
 » <u>CV / Resume *</u> » <u>References *</u> » <u>Letter /</u> Add Relative » <u>Optiona</u> 	Add a relative		X
	add your relative's information.		inue
* Denotes	er where your relative is employed. Cancel Save		pants are

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.

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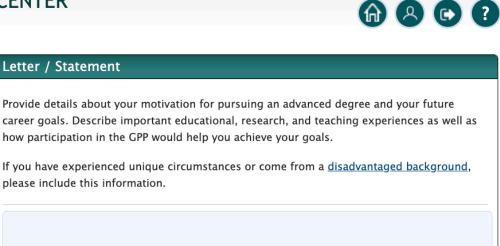
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MY APPLICATION NIH-AC APPLICATION

OMB No.: 0925-0299 Expiration: 05/31/2024

- » Contact Information
- » <u>Relatives at NIH</u>
- » Education Level *
- » Education Experience *
- » <u>Coursework & Exams *</u>
- » <u>CV / Resume *</u>
- » <u>References *</u>
- Letter / Statement
- » Optional Information
- » NIH Sites
- » <u>Opt-In</u>
- » Financial Need
- » Review and Submit

Exit



Previous

Save and Continue

* Denotes section that is incomplete or missing data.

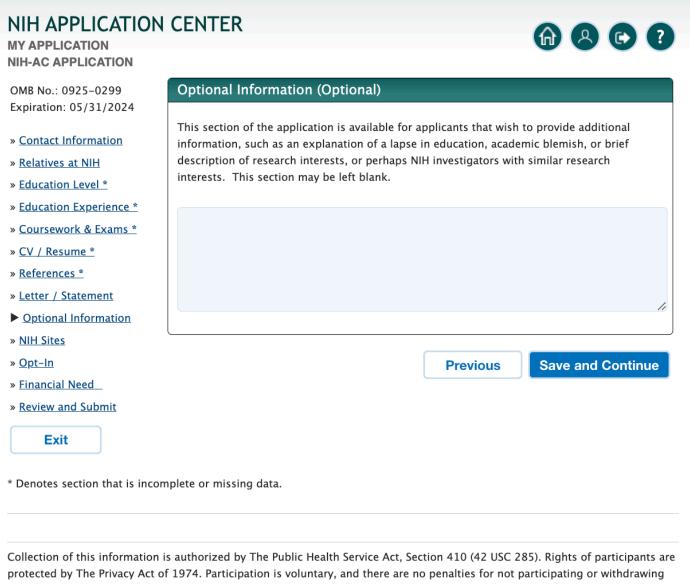
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» Contact Information	Your undergraduate institution must determine if you qualify for 'Exceptional Financial Need			
	(EFN)' based your family's Adjusted Gross Income (AGI) on either their second income tax statement. The EFN certification must be submitted by your university through the online			
» <u>Relatives at NIH</u>	system, no exceptions.			
» Education Level *				
» Education Experience *	The EFN email request will disclose your first name, last name, and email address to your			
» <u>Coursework & Exams *</u>	financial aid office. By providing an email address for your financial aid officer, you are			
» <u>CV / Resume *</u>	authorizing the following:			
» <u>References *</u>	~ The NIH			
» <u>Letter / Statement</u>	aid officer.			
» Optional Information	~ Your financial officer is authorized to disclose your financial aid and financial need			
» <u>NIH Sites</u>	information to the NIH			
» <u>Opt–In</u>	This application has been completed. No changes are permitted.			
Financial Need	This application has been completed to changes are permitted.			
» <u>Review and Submit</u>	Your University Email:			
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	Financial Aid Officer Name (optional):			
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Also, we have sent a request for recommendation to the email addresses that you listed for your references:

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