## LOGIN SCREEN



### Welcome to IMS

### Update:

Beginning on October 1, 2015, NCNR staff and facility users will be required to complete the NCNR Safety Awareness training presentation. Once you have logged into your IMS account, go to the "User Activities" menu and click "Online Training for NCNR Facility Users" to begin this training.

#### \*\*IMPORTANT NEWS \*\*

All visitors who plan to travel to the NCNR by personal car or rental car must provide evidence that the car is properly registered with the appropriate US state upon request. Vehicles without proof of US state registration will not be allowed into NIST. Visitors driving rental cars can show their rental agreement in lieu of vehicle registration.

OMB Control #: 0693-0081 Expiration Date: 12/31/2024

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0693-0081. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary/mandatory/required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NIST of the Vision of the Vision State of the Vi

\*\*WARNING\*\*WARNING\*\*WARNING\*\*WARNING\*\*

You are accessing a U.S. Government information system, which includes: 1)this computer, 2) this computer network, 3) all computers connected to this network, and 4) all devices and storage media attached to this network or to a computer on this network. You understand and consent to the following: you may access this information system for authorized use only; you have no reasonable expectation of privacy regarding any communication of data transiting or stored on this information system; at any time and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communication or data transiting or stored on this information system; and any communication or data transiting or stored on this information system; and any communication or data transiting or stored on this information system; and the stored or stored on the stored or stored

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Click here to login with the ORCiD credentials if you have linked your IMS account with the ORCiD.

OR

Enter the E-mail Address and Password below to login using the IMS Credentials.

E-mail address: Forgot Username?

Password: Forgot Password?

Login

Don't have an NCNR-IMS account?

#### PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is requesting the information on this form.

AUTHORITY: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Action of 1987, OMB Circular No. 4-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974

PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical professions of the control of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

ROUTINE USES: NIST will use this information to conduct necessary government business for the processing of applicants to gain entry into the NIST NCNR Facility. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 522a) to be shared among NIST staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices: NIST 5: Nuclear Reactor Operator Licensees File; NIST 1: NIST Associates (this has a special section for Facility User Records for NCNR); DEPT. 25: Access Control and Identity Management System.

System of records notices can be found here: https://www.commerce.gov/opog/privacy/SORN

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST NCNR Facility. The failure to provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated.

## CREATE ACCOUNT



OMB Control #: 0693-0081 Expiration Date: 12/31/2024

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\*\*WARNING\*\*WARNING\*\*WARNING\*\*WARNING\*\*

### **Create New User Account**

Please complete the form below to create a new account on the NCNR IMS system. When you press the 'Create New Account' button an e-mail containing information on how to activate your new account will be sent to the e-mail address you have provided.

User name (e-mail address):	
	For requirements on selecting a password, click <u>here</u> .
Password:	
Confirm password:	
Prefix:	•
First name:	
Middle name:	
Last name:	
Suffix:	

Create New Account

Click here to go to the login page.

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PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility, Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

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### CREATE ACCOUNT > PREFIX DROP DOWN

OMB Control #: 0693-0081 Expiration Date: 12/31/2024

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User name (e-mail address):		
	For requirements on selecting a password, clic	k <u>here</u> .
Password:		
Confirm password:		
Prefix:	~	
First name:		
Middle name:		
Last name:		
Suffix:		

Create New Account Click here to go to the login page

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### **ACTIVATE ACCOUNT**



OMB Control #: 0693-0081 Expiration Date: 12/31/2024

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		**WARNING**WARNING**WARNING**WARNING**			
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		Activate Account			
		Please provide the information below to activate your account.			
	Job type:	v			
	Job title:	·			
	Citizenship:	V			
	Permanent Resident/Green Card Holder	Yes ○ No ○			
	Local contact :	<b>v</b>			
	Affiliation:				
		Please enter at least 5 characters, and then select your affiliation from the generated list.  Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.			
		Emergency Contact Information			
This information will be extremely important in the event of an accident or medical emergency.					
	First Name:				
	Last Name:				
	Relationship:				
	Telephone No.:				
	- '	<del></del>			
		Activate			

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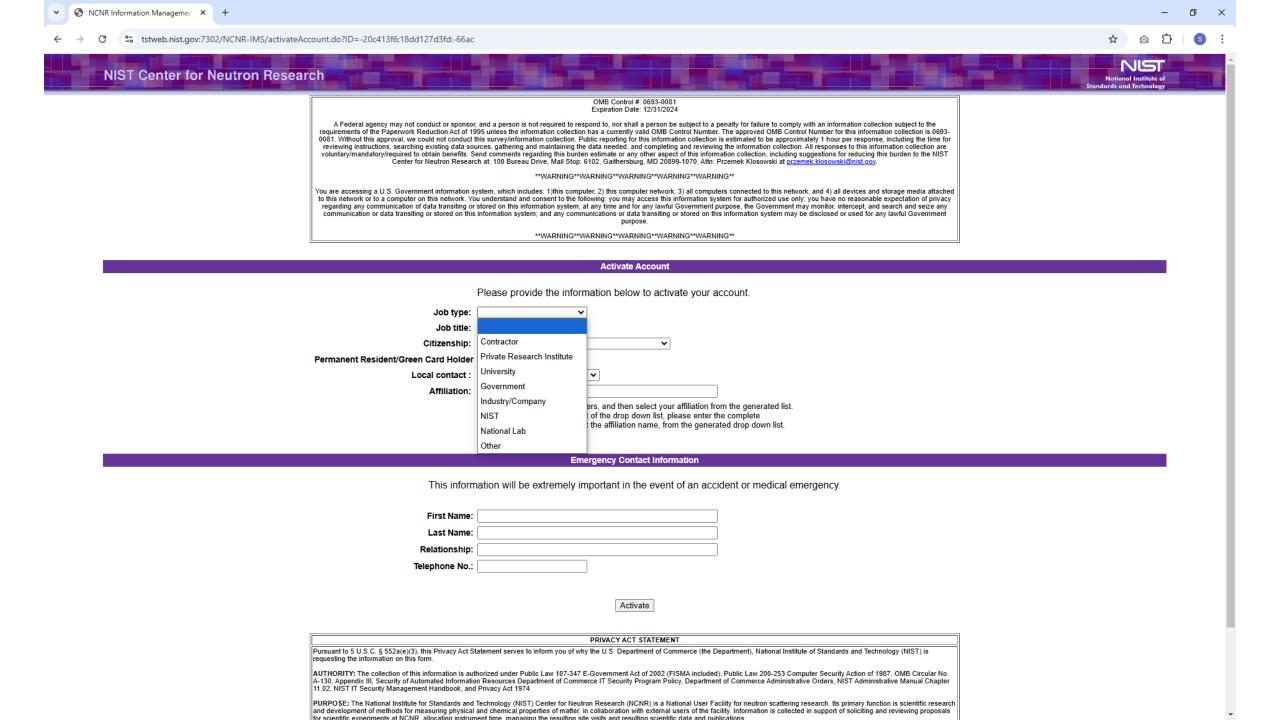
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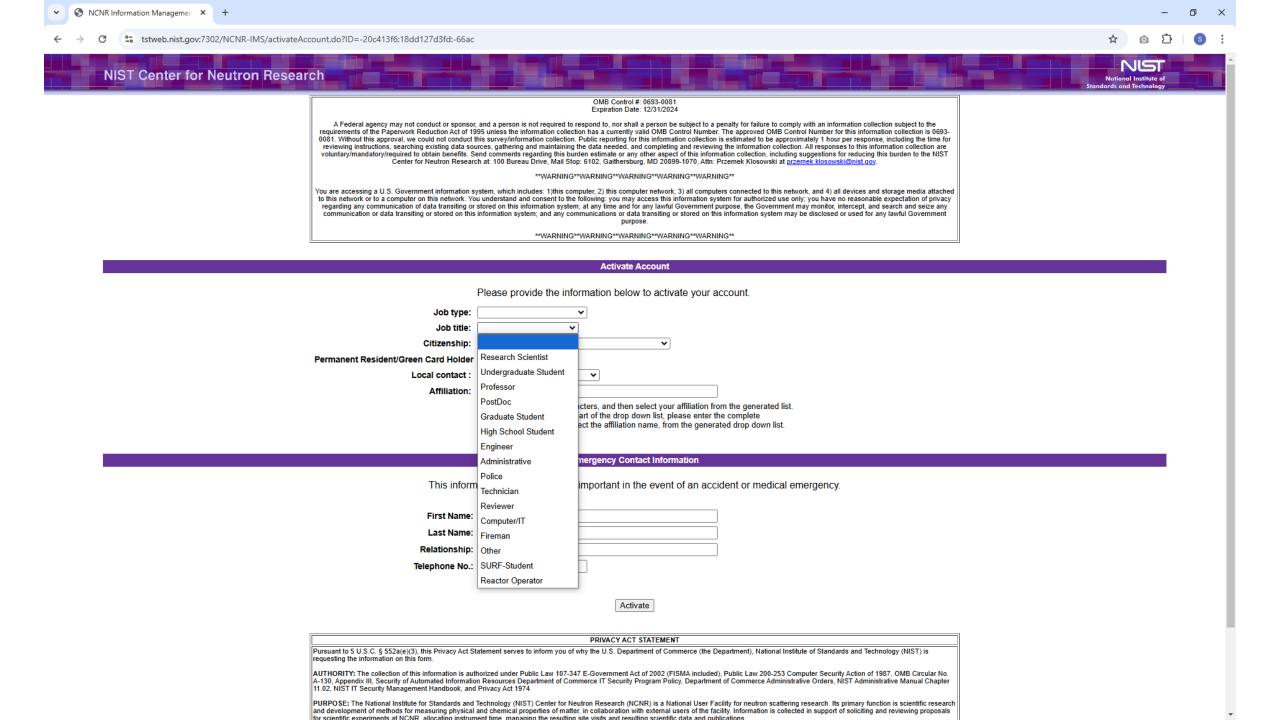
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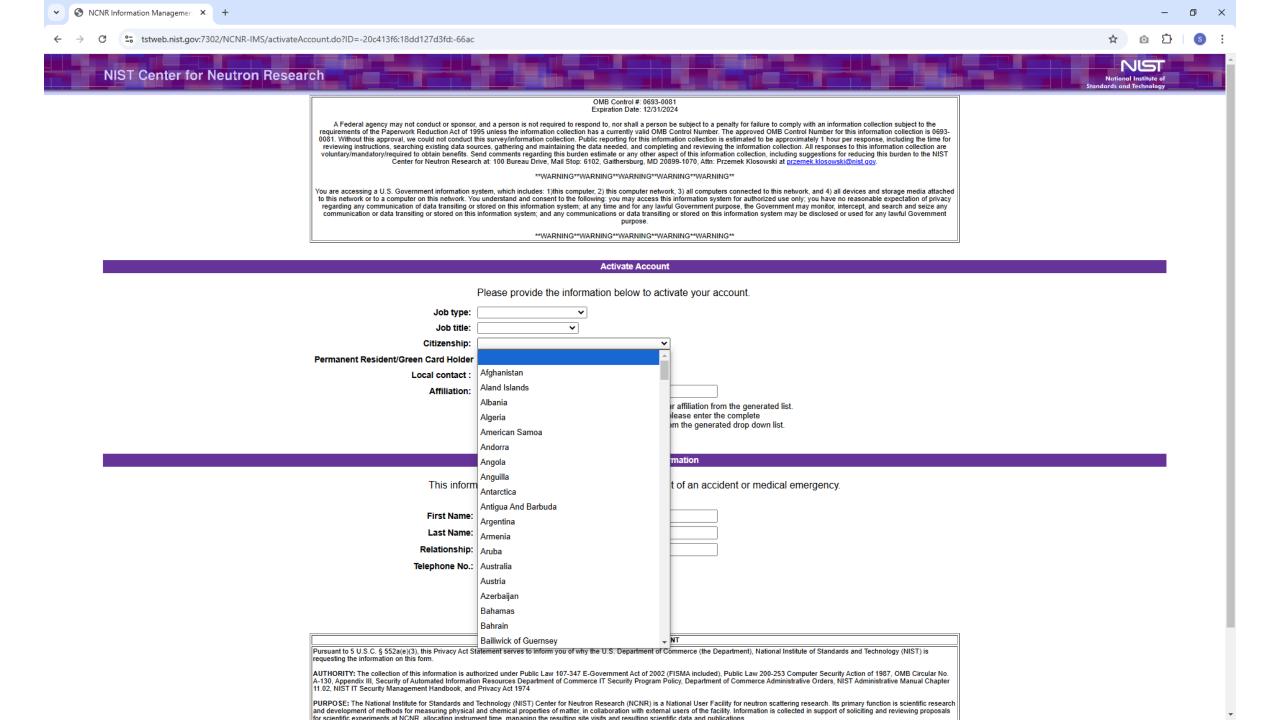
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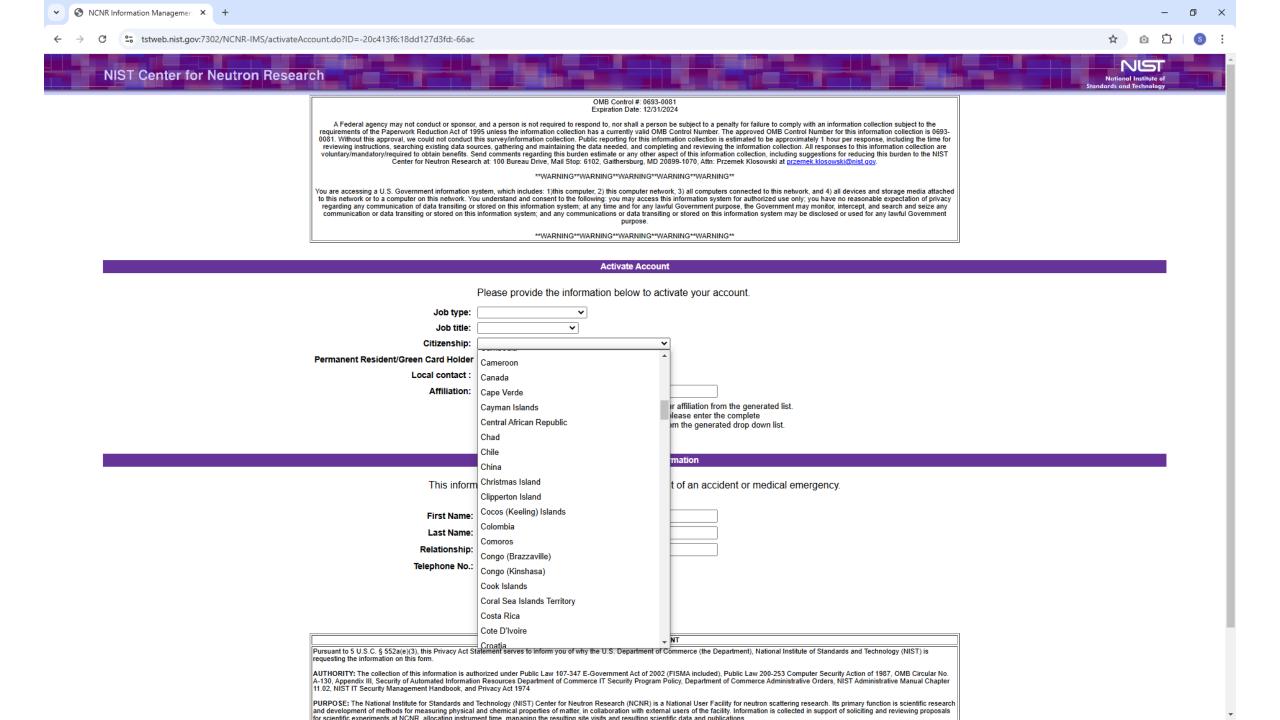


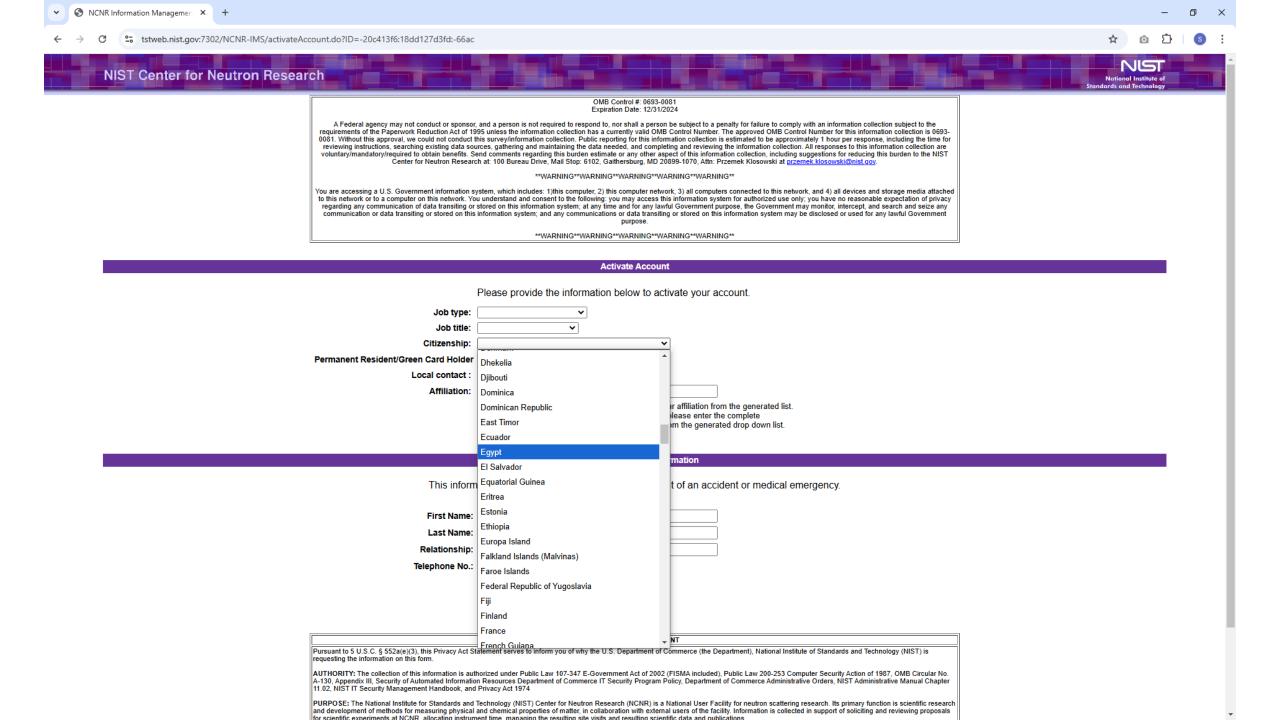
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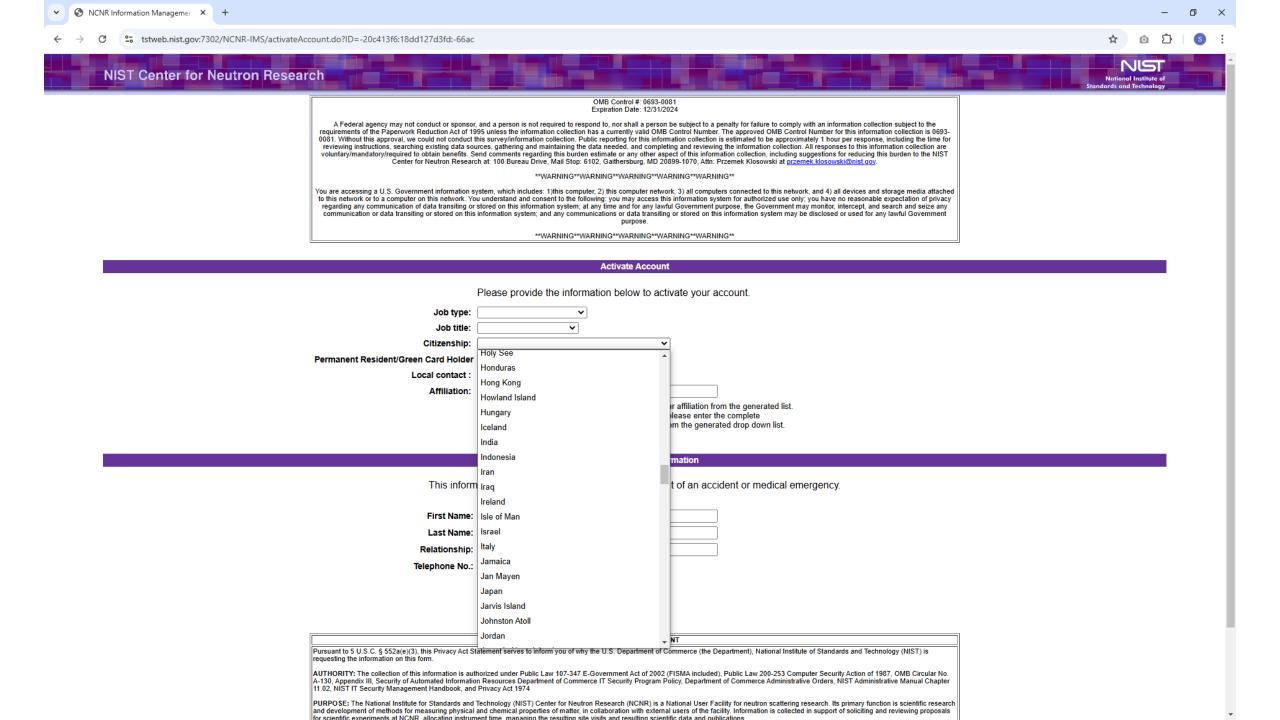


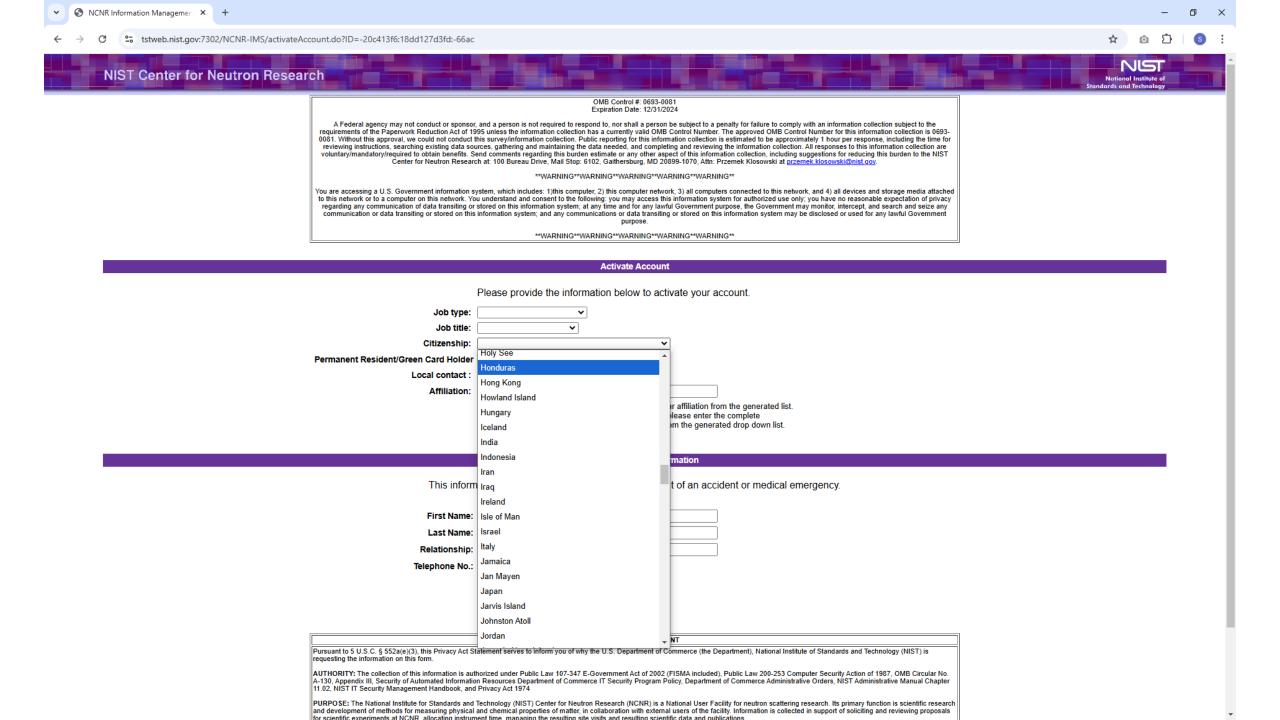
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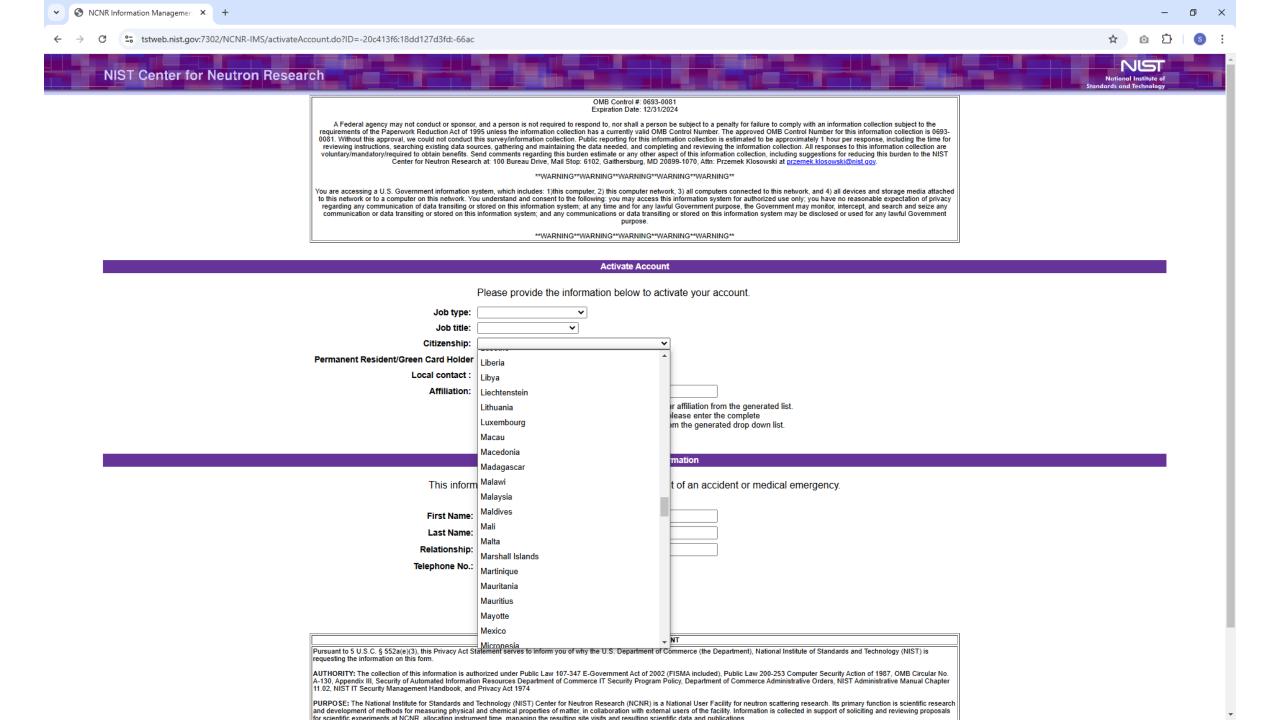


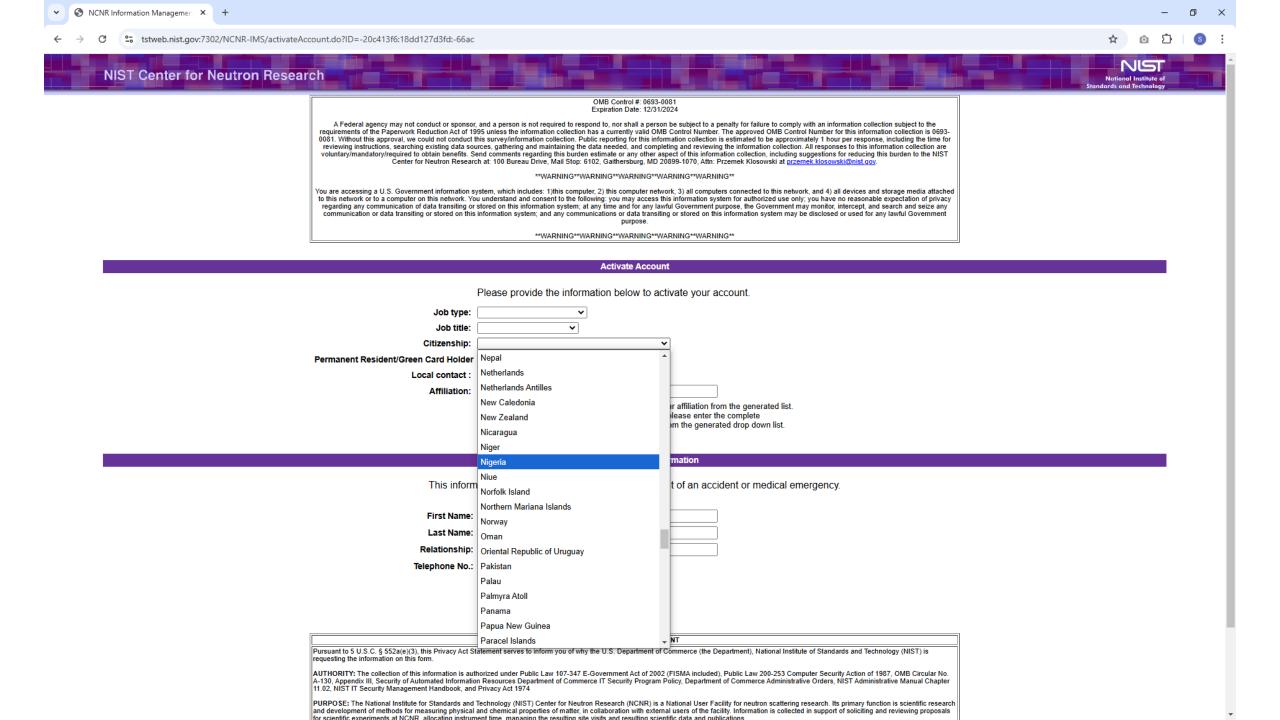


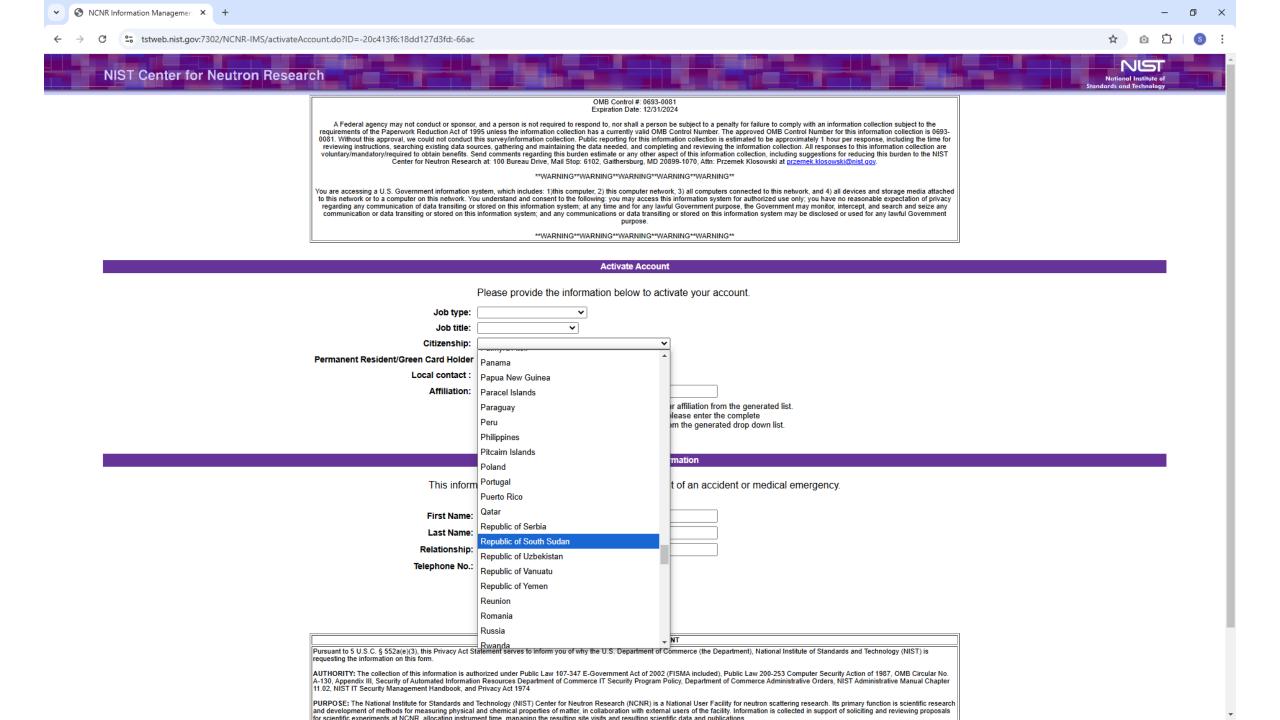


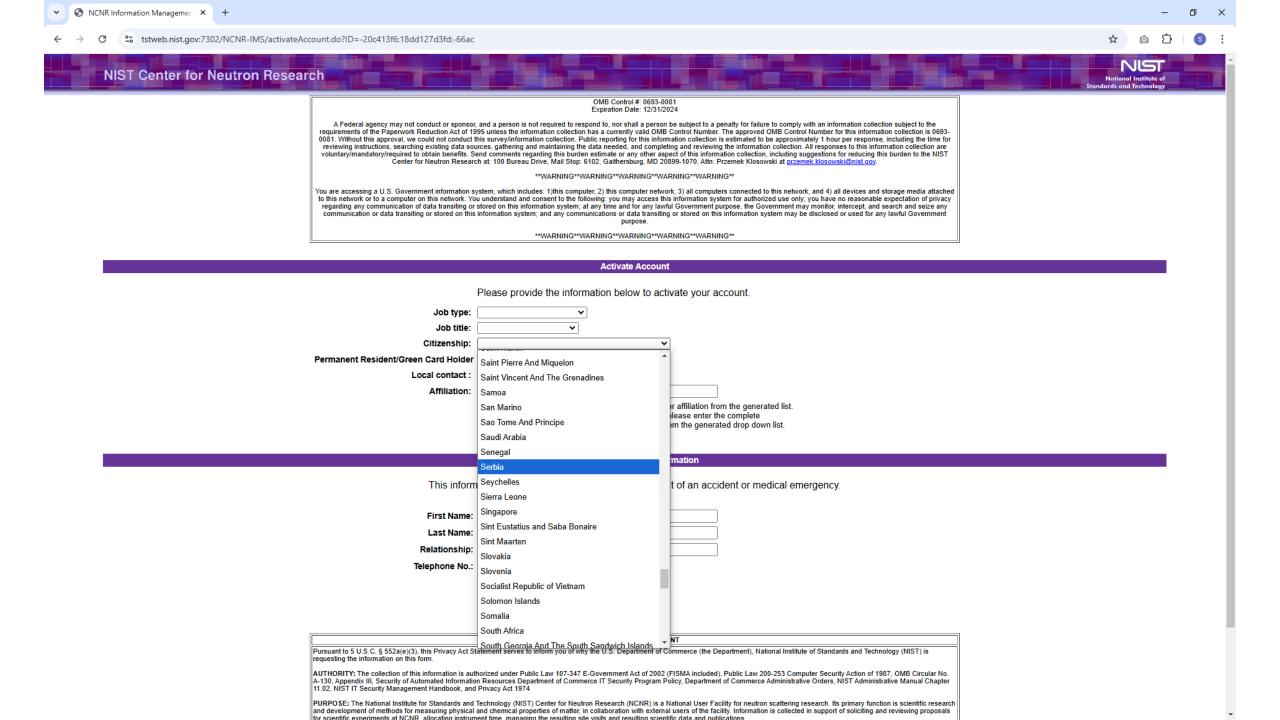


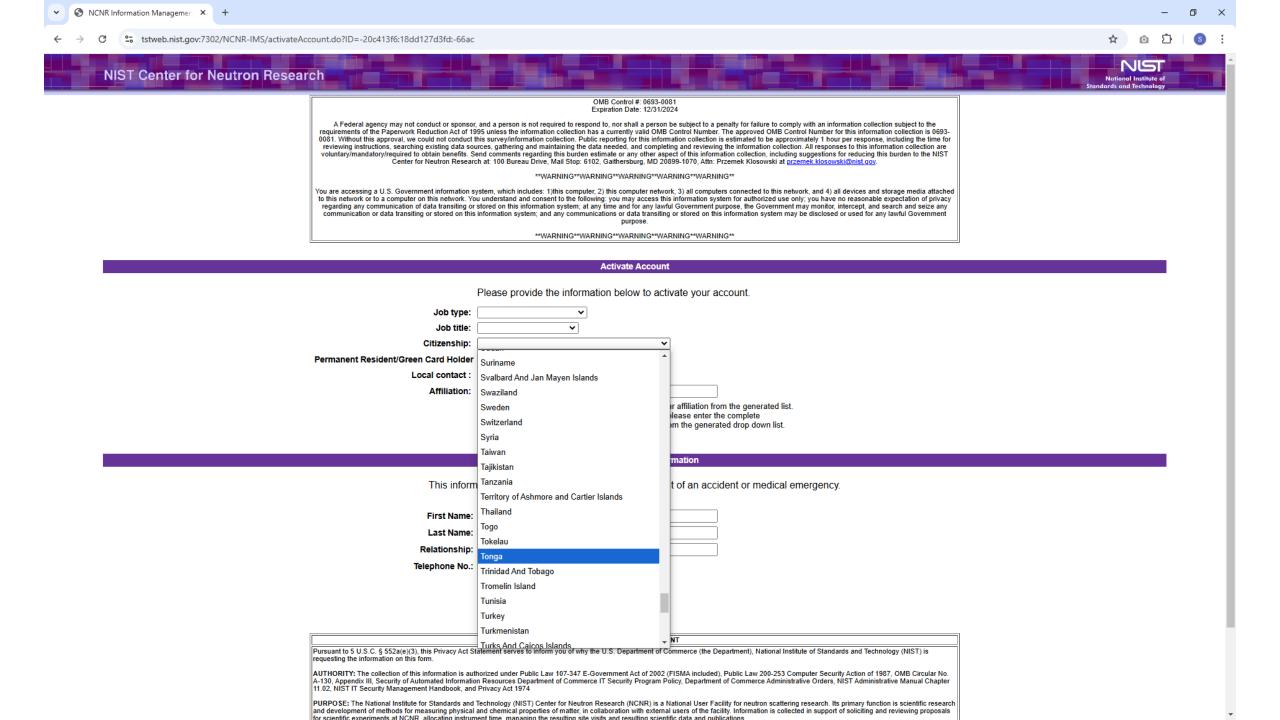


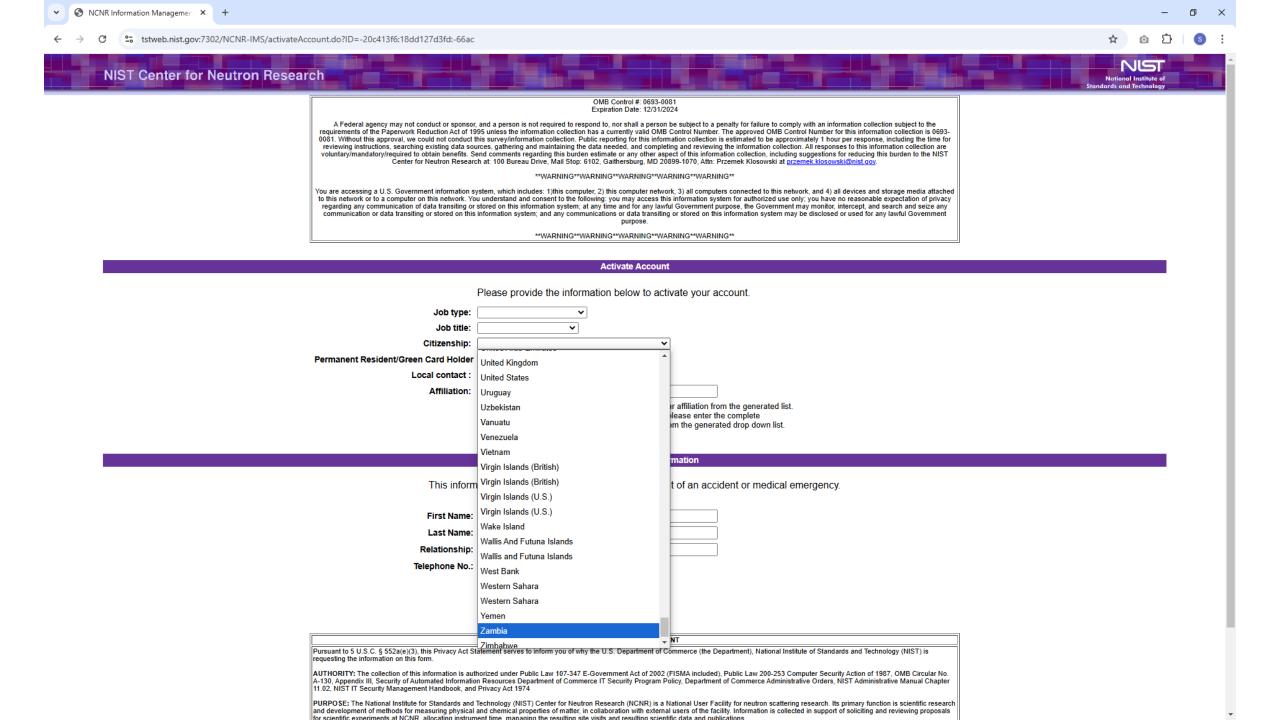




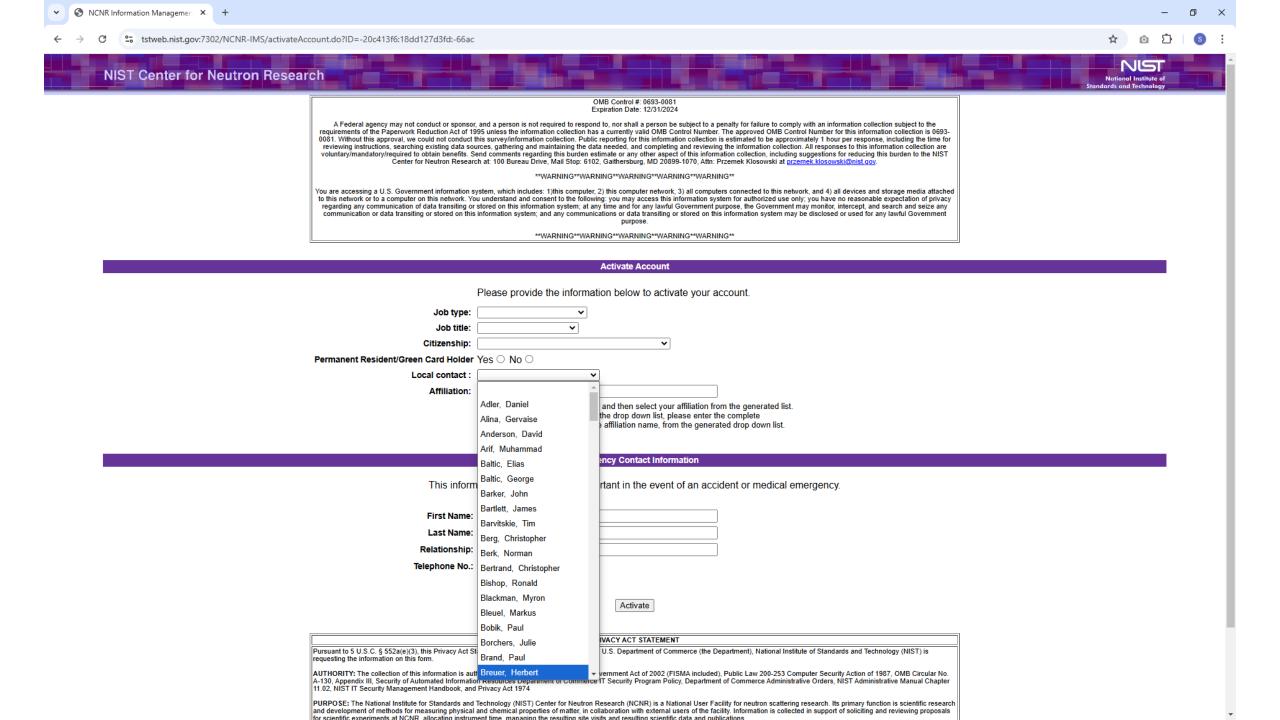


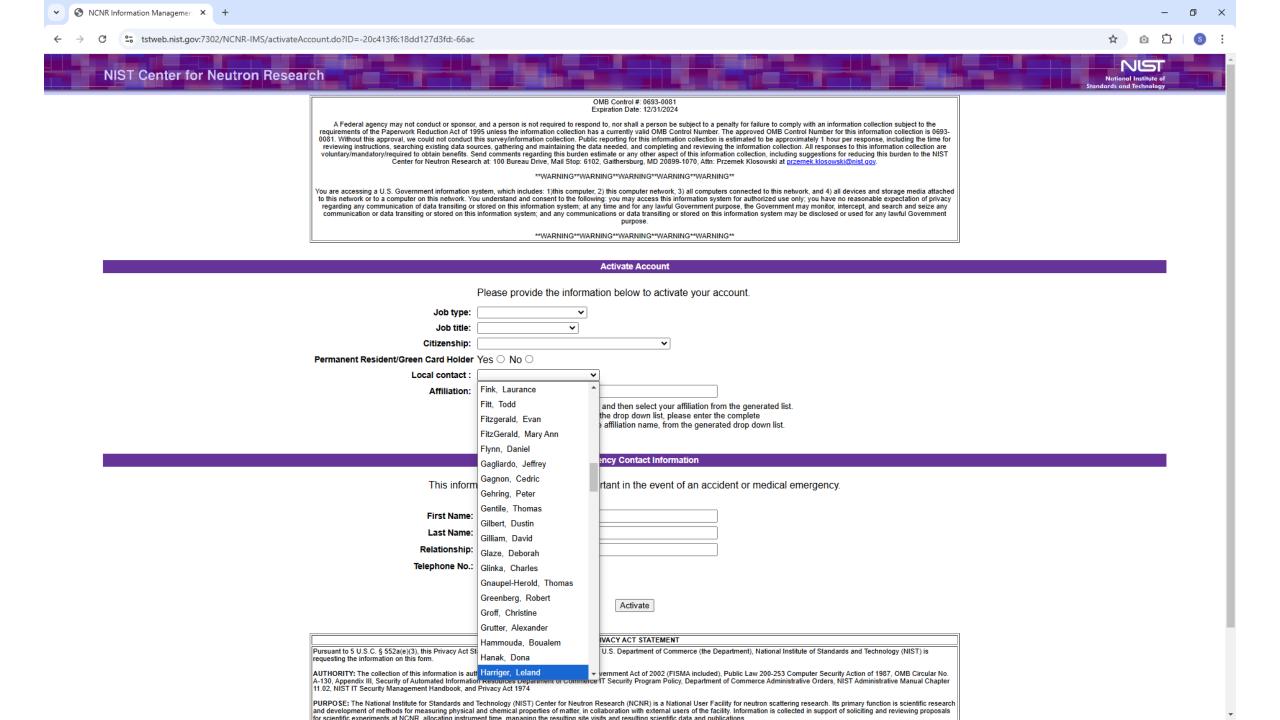


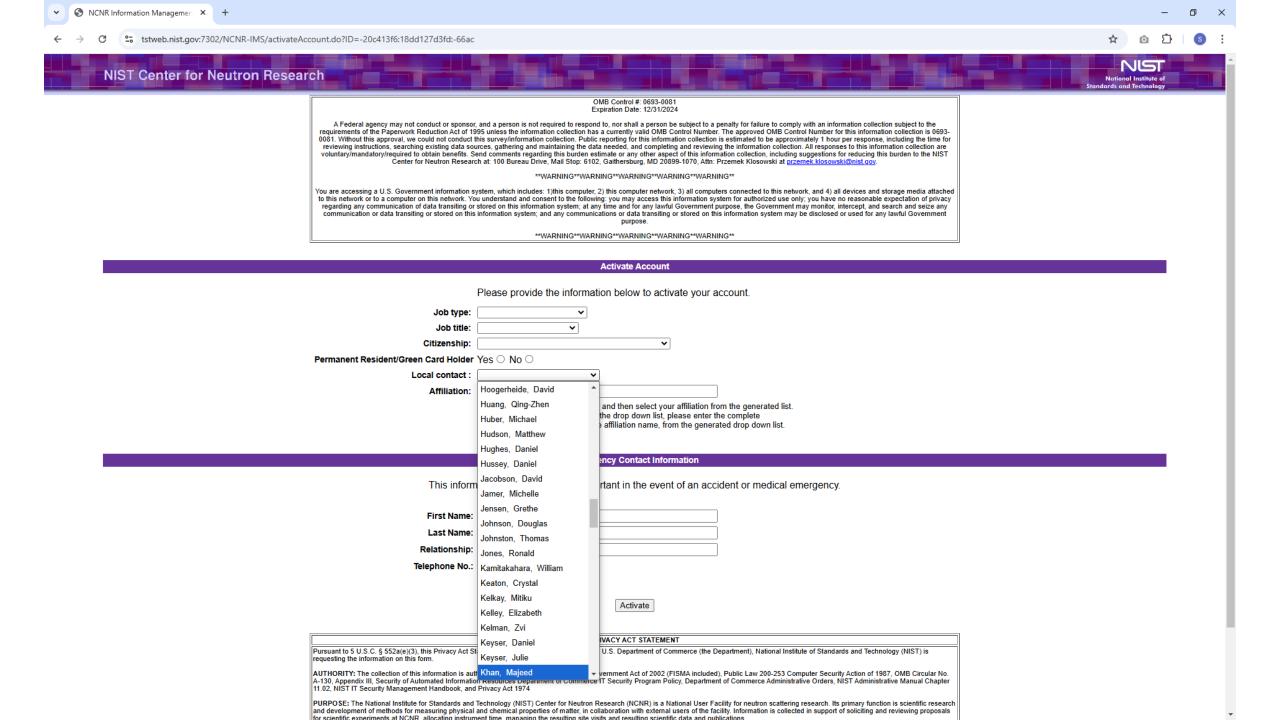


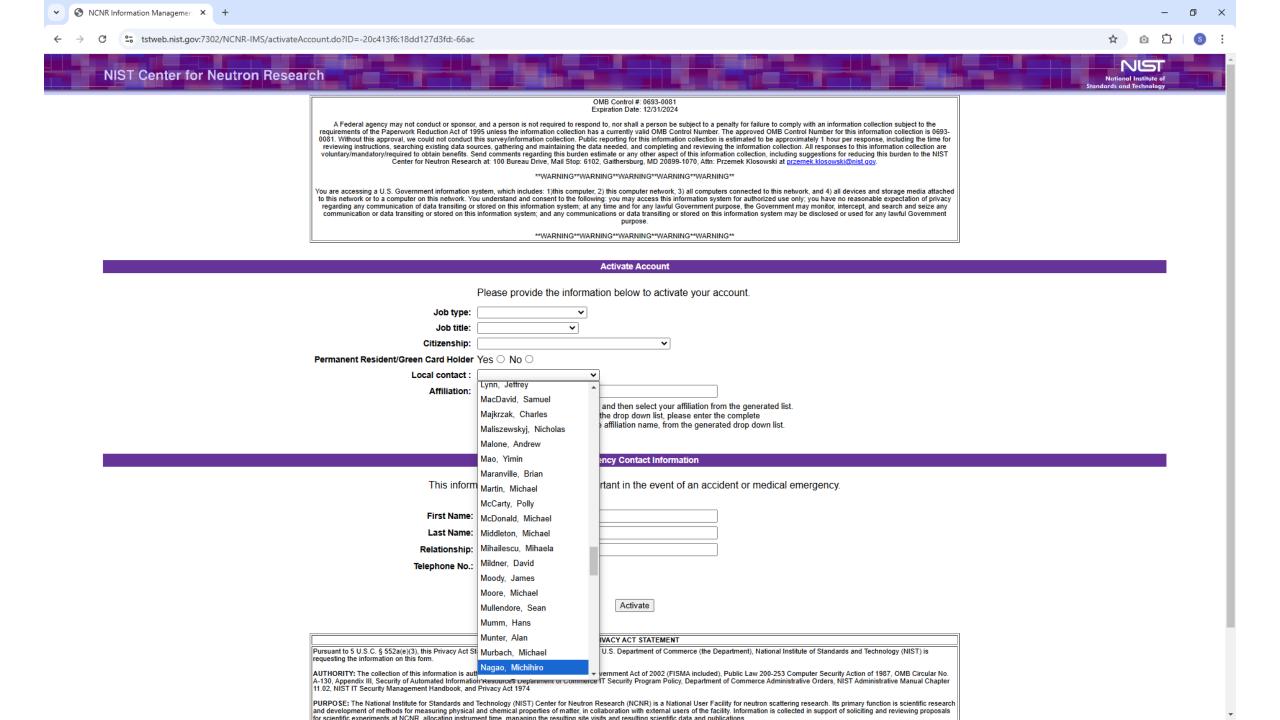


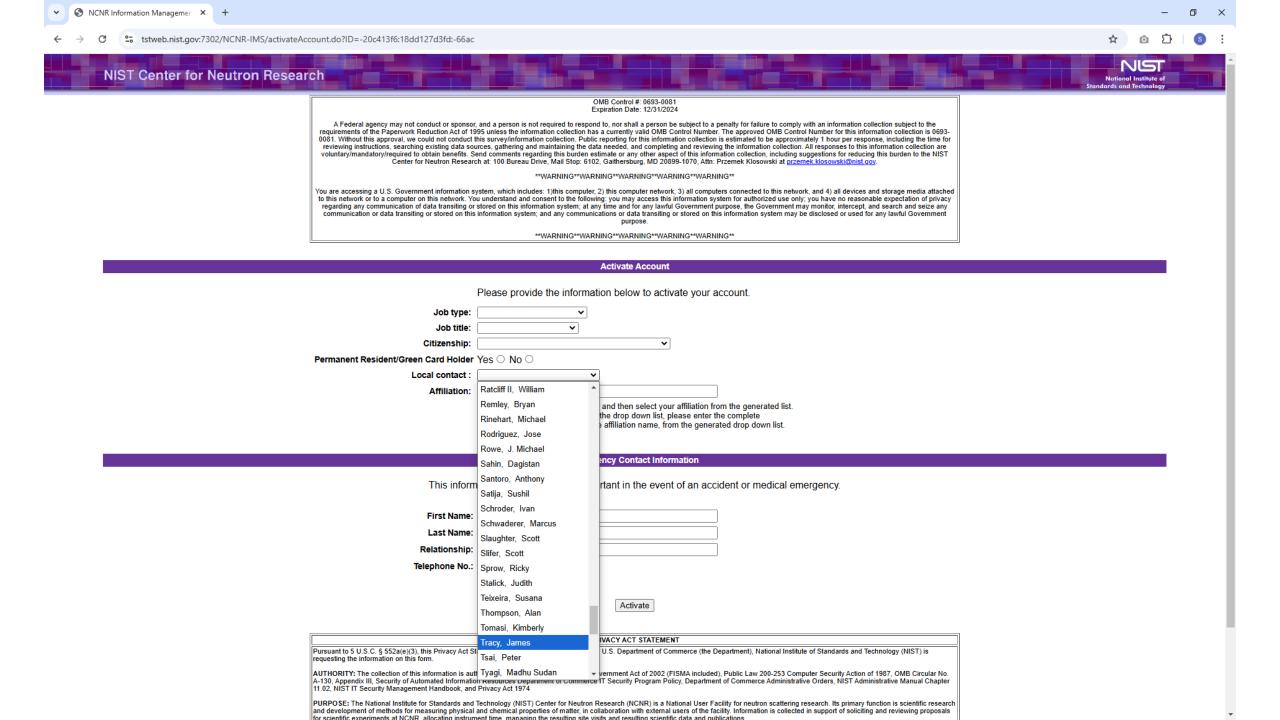
## ACTIVATE ACCOUNT > LOCAL CONTACT DROP DOWN

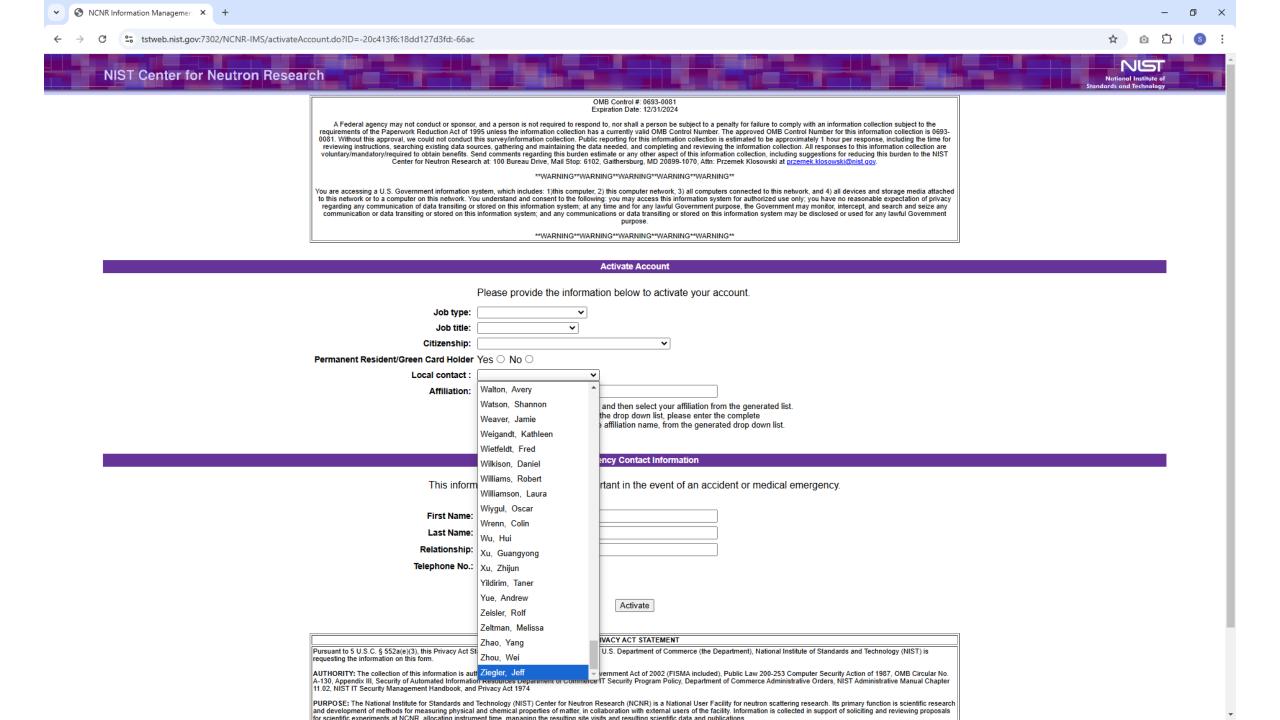












### SUMMER SCHOOL APPLICATION

Experiments

### 30th NCNR/CHRNS School on Methods and Applications of Neutron Scattering Application

OMB Control #: 0693-0081 Expiration Date: 12/31/2024

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AUTHORITY: The colection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Action of 1907, OMB Circular No. A-130, Appendix III, Security of Automated information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 1102, NIST IT Security Management Handbook, and Prinzey 64, 1974

PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with extensi users of the facility, Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocation in scientific experiments at NCNR, allocation instrument time, managing the resulting six visits and resulting scientific data and publications.

ROUTER USES NETT will use his information be conduct discussing operational began and provided in the provided

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#### Instruction

This application form is for those who are planning to attend the 30th CHRNS School on "Methods and Applications of Neutron Scattering" which will be held at NIST from Monday, July 22 to Friday July 26, 2024. Please fill in the information requested below. Mandatory fields are indicated by ".

#### Application Deadline: 23:59:59 PM EDT, March 13, 2024

	Personal Information	
E-mail Address		
Title	V	
Surname		
Given Name		
Street Address		
City		
State		
Zip		
Country	United States	
Daytime Telephone		
Evening Telephone		
	nographic Information (Responses to these questions are voluntary.)	
What is your gender? You may skip this question if you prefer.	○ Male ○ Female ○ Transgender, non-binary, or another gender ○ Prefer not to answer	
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaikan or Paclican Islander Withte	
	Professional Information	
Institution		
Department		
Professional Status		
f Other, please specify		
f Student or Post-Doc or Other, please give the name of your Principal Advisor		
f your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address		
Area of Research	v	
f Other, please specify		
Have previous neutron experience?*	○ Yes ○ No	
Please select the technique you are primarily interested in:	<u> </u>	
Briefly describe your research, and how resulton scattering is applicable to your project. Briefly describe why you want to attend the course, including what you want to learn from it. Include a summary statement that succincity answers the guestion "Why should you be selected for the school?" (2000 characters max).		
Would like to be considered for financial assistance?	V	
Submit Application		

# SUMMER SCHOOL APPLICATION > TITLE DROP DOWN



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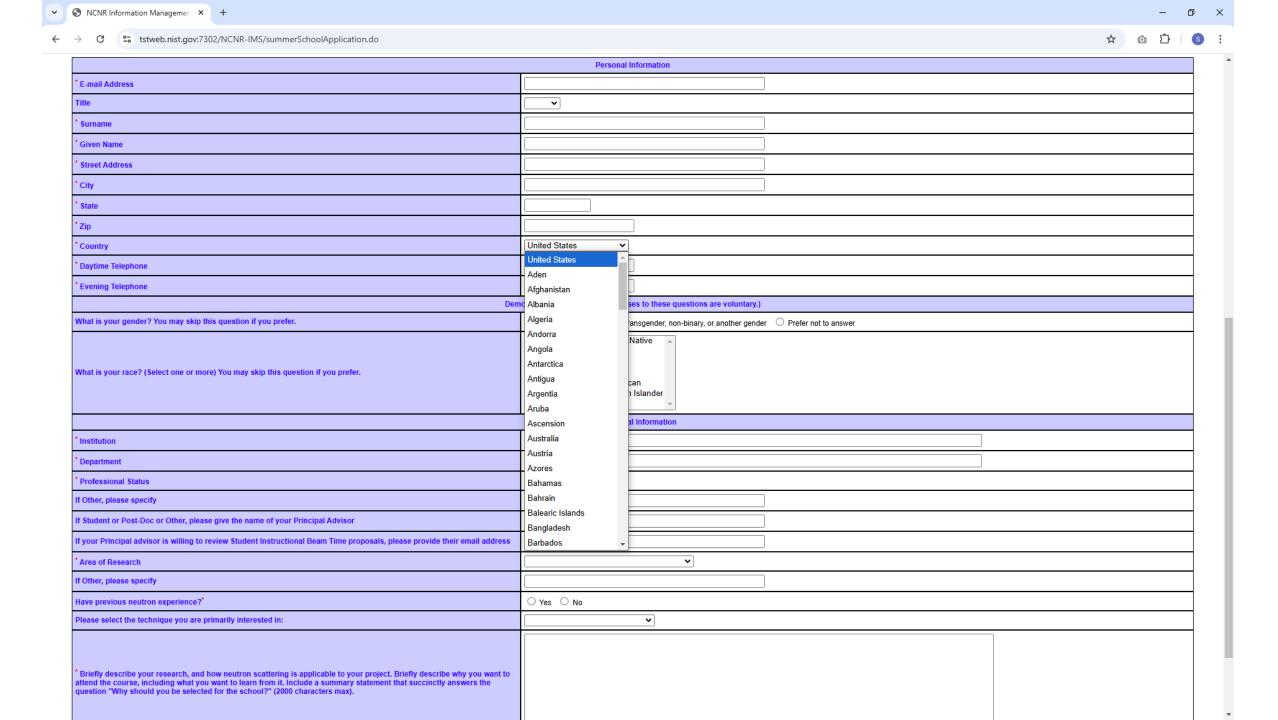
### Instructions

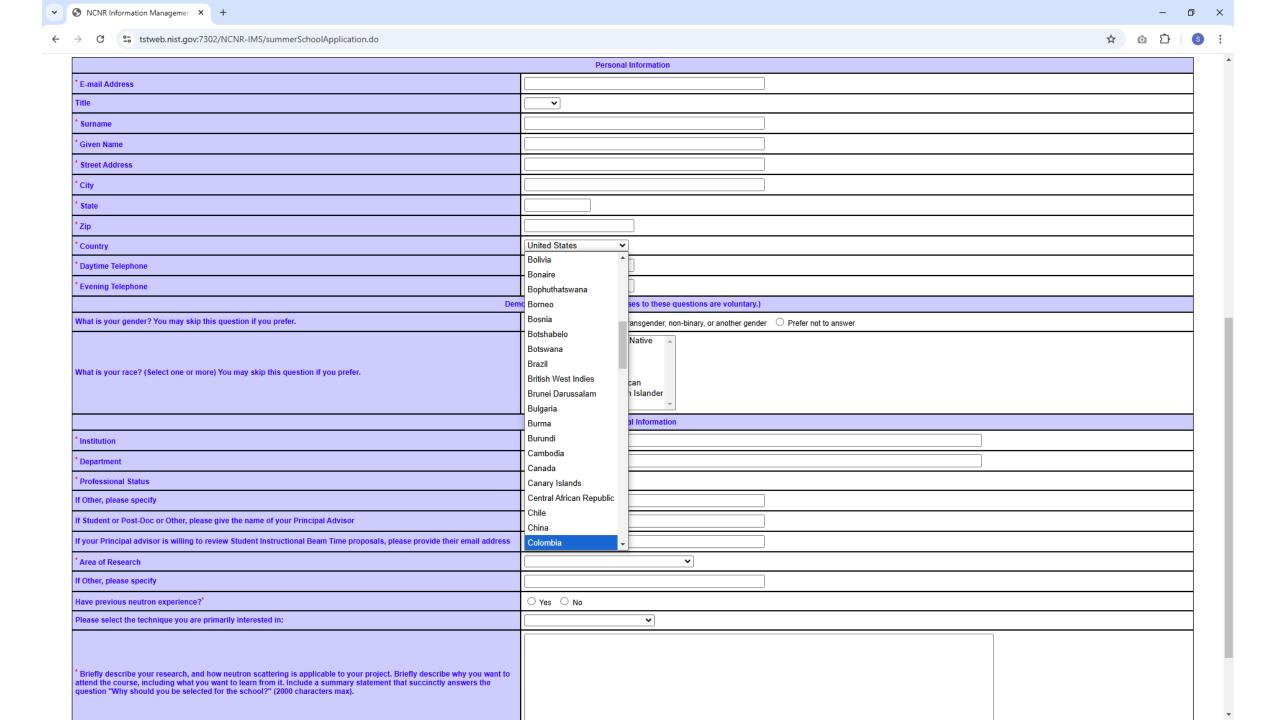
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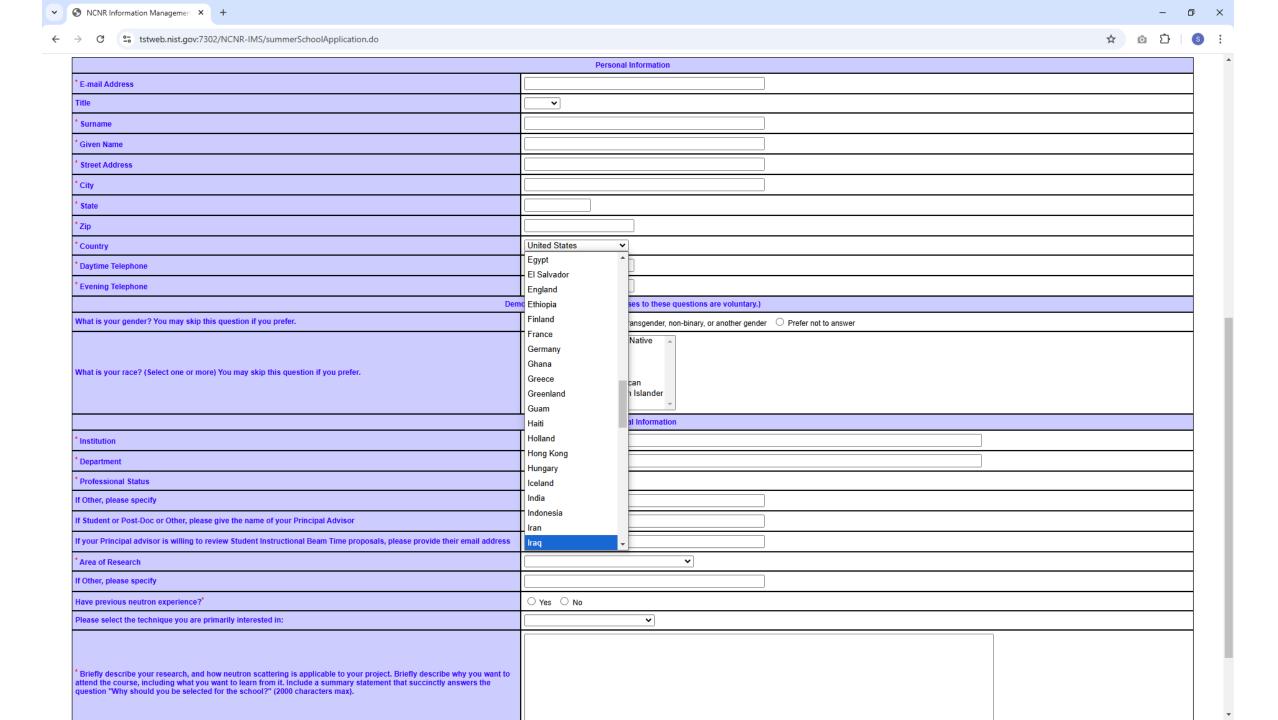
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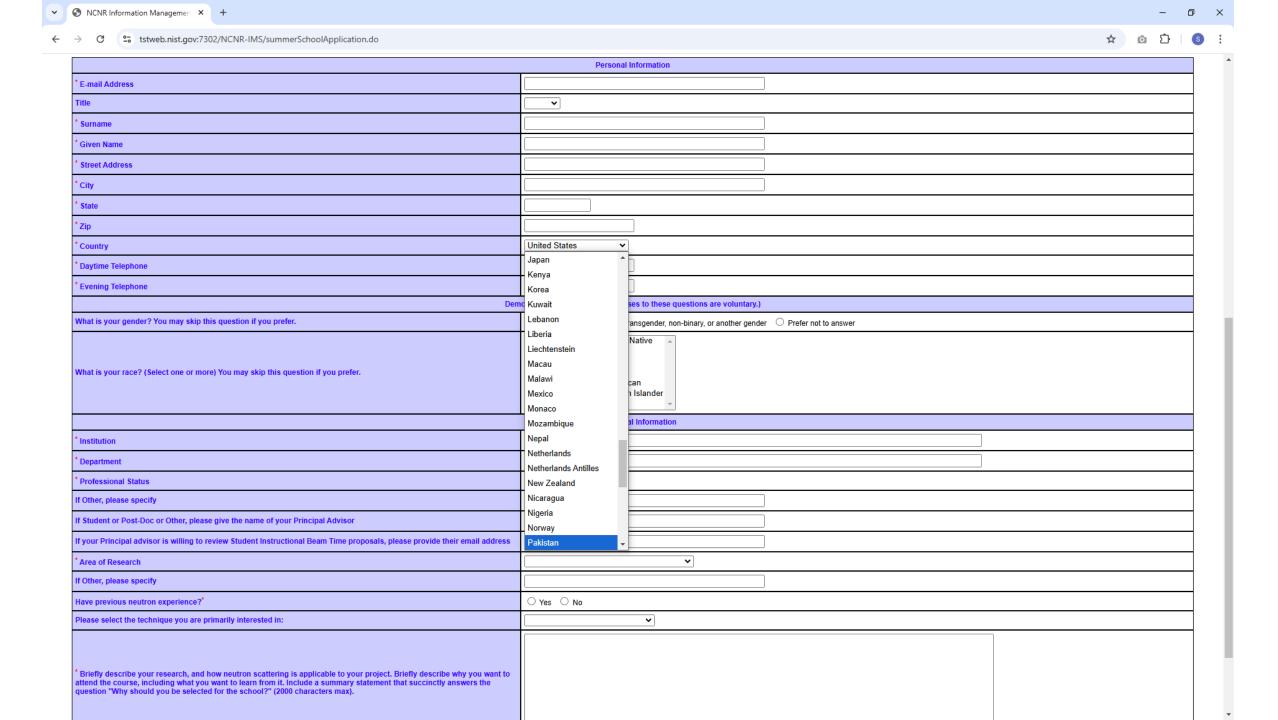
Personal Information		
*E-mail Address		
Title		
* Surname	Mr.	
* Given Name	Mrs.	
* Street Address	Miss	
*City	Ms. Dr.	
* State	Prof.	
*Zip	Rev.	
* Country	Other Unineu states V	
* Daytime Telephone		
* Evening Telephone		
Demographic Information (Responses to these questions are voluntary.)		
What is your gender? You may skip this question if you prefer.	○ Male ○ Female ○ Transgender, non-binary, or another gender ○ Prefer not to answer	
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White	
Professional Information		
* Institution		
* Department		
* Professional Status		
If Other, please specify		
If Student or Post-Doc or Other, please give the name of your Principal Advisor		
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address		
*Area of Research		
If Other, please specify		

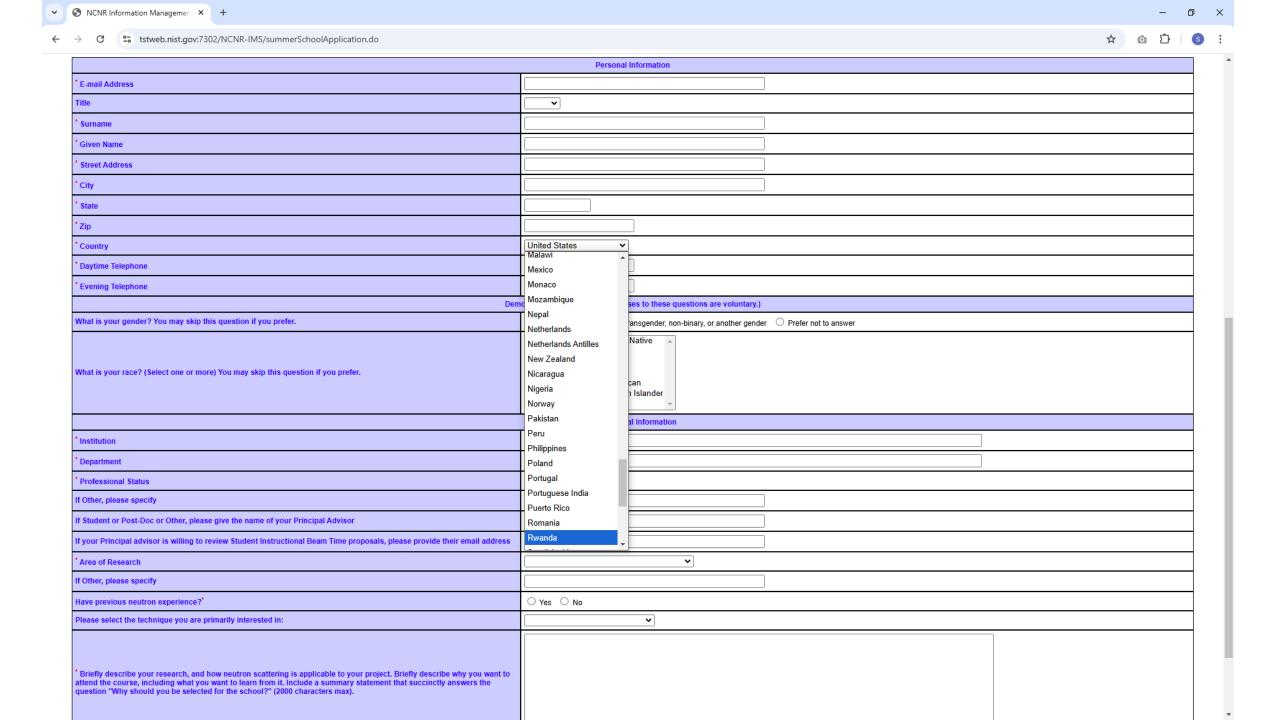
## SUMMER SCHOOL APPLICATION > COUNTRY DROP DOWN

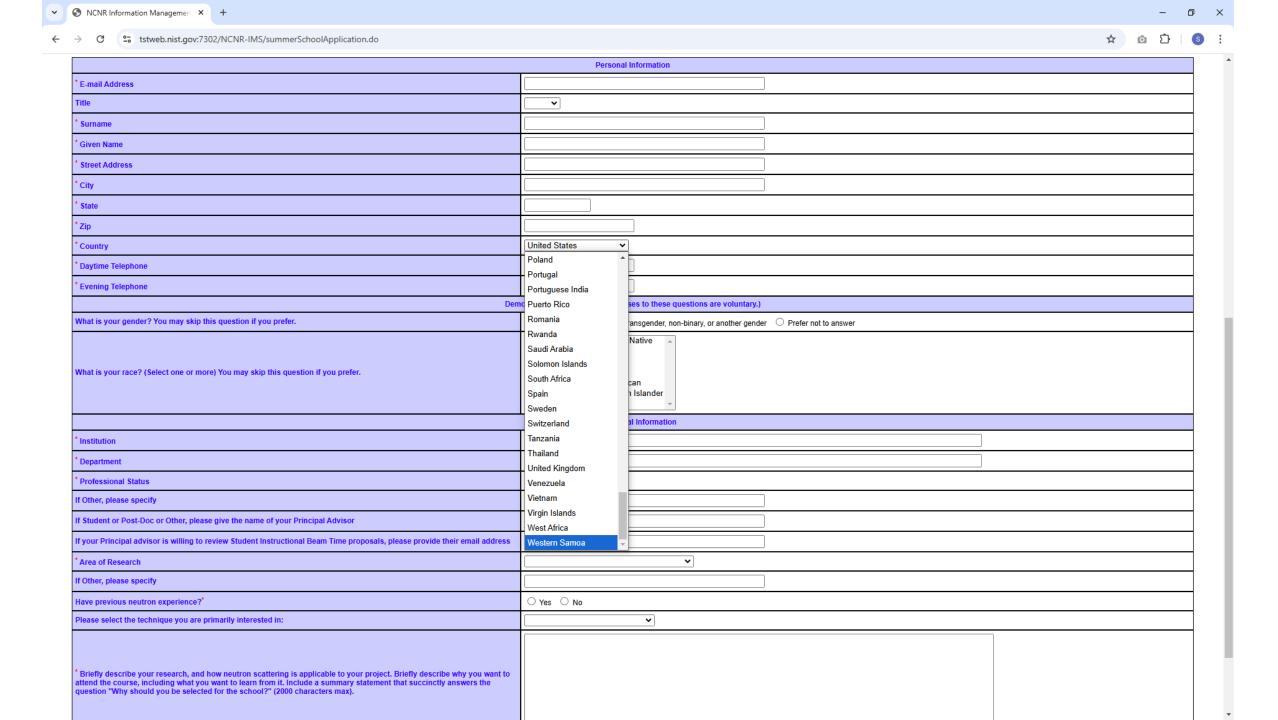












### SUMMER SCHOOL APPLICATION > RACE DROP DOWN

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* Daytime Telephone				
* Evening Telephone				
Dem	nographic Information (Responses to these questions are voluntary.)			
What is your gender? You may skip this question if you prefer.	○ Male ○ Female ○ Transgender, non-binary, or another gender ○ Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
	Professional Information			
* Institution				
* Department				
* Professional Status	<b>▽</b>			
If Other, please specify				
If Student or Post-Doc or Other, please give the name of your Principal Advisor				
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address				
* Area of Research				
If Other, please specify				
Have previous neutron experience?*	○ Yes ○ No			
Please select the technique you are primarily interested in:	<b>▼</b>			
* Briefly describe your research, and how neutron scattering is applicable to your project. Briefly describe why you want to attend the course, including what you want to learn from it. Include a summary statement that succinctly answers the question "Why should you be selected for the school?" (2000 characters max).				
* Would like to be considered for financial assistance?	v			
	Submit Application			

### SUMMER SCHOOL APPLICATION > PROFESSIONAL STATUS DROP DOWN

NCNR Information Managemen × + - D X						
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What is your gender? You may skip this question if you prefer.	○ Male ○ Female ○ Transgender, non-binary, or another gender ○ Prefer not to answer					
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White					
	Professional Information					
* Institution						
* Department						
* Professional Status	<b>▼</b>	-1				
If Other, please specify	Student	-1				
If Student or Post-Doc or Other, please give the name of your Principal Advisor	Post-Doc	-1				
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	Jr. Faculty	-1				
* Area of Research	Other	-1				
If Other, please specify						
Have previous neutron experience?*	○ Yes ○ No					
Please select the technique you are primarily interested in:	<b>▼</b>	-1				
* Briefly describe your research, and how neutron scattering is applicable to your project. Briefly describe why you want to attend the course, including what you want to learn from it. Include a summary statement that succinctly answers the question "Why should you be selected for the school?" (2000 characters max).						
* Would like to be considered for financial assistance?	<b>v</b>					
	Submit Application Submit Application					

### SUMMER SCHOOL APPLICATION > AREA OF RESEARCH DROP DOWN

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Dem	ographic Information (Responses to these questions are voluntary.)			
What is your gender? You may skip this question if you prefer.	○ Male ○ Female ○ Transgender, non-binary, or another gender ○ Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
	Professional Information			
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If Other, please specify				
If Student or Post-Doc or Other, please give the name of your Principal Advisor				
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address				
*Area of Research	<u> </u>			
If Other, please specify	Hard Condensed Matter Physics			
Have previous neutron experience?*	Magnetic Materials			
Please select the technique you are primarily interested in:	Materials Science			
* Briefly describe your research, and how neutron scattering is applicable to your project. Briefly describe why you want to attend the course, including what you want to learn from it. Include a summary statement that succinctly answers the question "Why should you be selected for the school?" (2000 characters max).	Polymer Science Complex Fluids Earth Science Physical Chemistry and Chemical Physics Materials Chemistry Biomolecular Science Residual Stress/Engineering			
*Would like to be considered for financial assistance?	Other			
	Submit Application			

### NEUTRON SCATTERING COURSE APPLICATION

Experiments **Home** Instruments Science

### Registration for Neutron Scattering Course (2024) at NCNR

### OMB Control #: 0693-0081 Expiration Date: 12/31/2024

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection, collection approval, we could not conduct this survey/information collection. Public reporting for this information collect to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary/mandatory/required to obtain benefits. Send comments regarding this burden to the NIST Center for Neutron Research at: 100 Bureau Drive, Mail Stop: 6102, Gaithersburg, MD 20899-1070, Attn: Przemek Klosowski at przemek.kl

You are accessing a U.S. Government information system, which includes: 1)this computer, 2) this computer network, 3) all computers connected to this network, and 4) all devices and storage media attached to this network or to a computer on this network. You understand and consent to the following: you may access this information system for authorized use only; you have no reasonable expectation of privacy regarding any communication of data transiting or stored on this information system; and any time and for any lawful Government purpose, the Government may monthly intercept, and search and setic any communication or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

### \*\*WARNING\*\*WARNING\*\*WARNING\*\*WARNING\*\*

### PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is frequesting the information on this form.

AUTHORITY: The collection of this information is authorized under Public Law 107-347 E-Government Act of 2002 (FISMA included), Public Law 200-253 Computer Security Action of 1987, OMB Circular No. A-130, Appendix III, Security of Automated Information Resources Department of Commerce IT Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 110, 2, INST IT Security Management Handbook, and Privacy Act 1975.

PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility, Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCIRI, all locating instrument time, managing the resulting site visits and resulting scientific data publications.

Identity Management System.

System of records notices can be found here: https://www.commerce.gov/opog/privacy/SORN

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST NCNR Facility. The failure lip provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit to receive you are indicating your voluntary consent for NIST to use of the information of the NIST NCNR Facility.

Section 1				
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	Section 2			
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Title	V			
* Surname				
*Given Name				
* Institution				
* Department				
* Professional Status				
	Section 3 (Optional)			
What is your gender? You may skip this question if you prefer.	○ Male ○ Female ○ Transgender, non-binary, or another gender ○ Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
Area of Research Interest				
Any information you would like to be shared with the course instructor.				
If you have a disability and require accommodations to fully participate in this activity, please check here.	Yes No If yes, you will be contacted by someone from our staff to discuss your specific needs.			
Submit Application				

## NEUTRON SCATTERING COURSE APPLICATION > REGISTRATION TYPE DROP DOWN

PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

ROUTINE USES: NIST will use this information to conduct necessary government business for the processing of applicants to gain entry into the NIST NCNR Facility. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 522a) to be shared among NIST staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices: NIST 5: Nuclear Reactor Operator Licensees File; NIST 1: NIST Associates (this has a special section for Facility User Records for NCNR); DEPT. 25: Access Control and Identity Management System.

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Title	V			
* Surname				
* Given Name				
* Institution				
* Department				
* Professional Status				
	Section 3 (Optional)			
What is your gender? You may skip this question if you prefer.	○ Male ○ Female ○ Transgender, non-binary, or another gender ○ Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
Area of Research Interest				
Any information you would like to be shared with the course instructor.				
If you have a disability and require accommodations to fully participate in this activity, please check here.	Yes No  If yes, you will be contacted by someone from our staff to discuss your specific needs.			
Submit Application				

# NEUTRON SCATTERING COURSE APPLICATION > TITLE DROP DOWN

PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

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Section 1					
Registration Type					
Section 2					
* E-mail Address					
Title					
* Surname	Mr.				
* Given Name	Mrs.				
* Institution	Miss				
* Department	Ms. Dr.				
* Professional Status	Prof.				
	Rev. Section 3 (Optional)				
What is your gender? You may skip this question if you prefer.	Other				
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White				
Area of Research Interest					
Any information you would like to be shared with the course instructor.					
If you have a disability and require accommodations to fully participate in this activity, please check here.	Yes No  If yes, you will be contacted by someone from our staff to discuss your specific needs.				
Submit Application					

## NEUTRON SCATTERING COURSE APPLICATION > PROFESSIONAL STATUS DROP DOWN

PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

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Section 1				
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* Given Name				
* Institution				
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	Section 3 (Optional)			
What is your gender? You may skip this question if you prefer.	Student Post-Doc Female O Transgender, non-binary, or another gender O Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	Jr. Faculty Other in American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
Area of Research Interest				
Any information you would like to be shared with the course instructor.				
If you have a disability and require accommodations to fully participate in this activity, please check here.	○ Yes ○ No  If yes, you will be contacted by someone from our staff to discuss your specific needs.			
Submit Application				

# NEUTRON SCATTERING COURSE APPLICATION > RACE DROP DOWN

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PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.  ROUTINE USES: NIST will use this information to conduct necessary government business for the processing of applicants to gain entry into the NIST NCNR Facility. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices: NIST 5: NIST 1: NIST 1: NIST 7. Associates (his has a special section for Facility User Records for NCNR); DEPT 25: Access Control				

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Section 1					
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Title					
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* Department					
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	Section 3 (Optional)				
What is your gender? You may skip this question if you prefer.	○ Male ○ Female ○ Transgender, non-binary, or another gender ○ Prefer not to answer				
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White				
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If you have a disability and require accommodations to fully participate in this activity, please check here.	Yes No  If yes, you will be contacted by someone from our staff to discuss your specific needs.				
Submit Application					

### USER'S DASHBOARD

Useful Links:

NCNR Homepage
NCNR Safety Guidelines
Requirements for Facility Access
Planning Your Experiment
Data Reduction, Visualization and Analysis
Visitor and Travel Information

come Siddharth Khosla	IMS User Dashboard					
er Activities	Events			ents		
posal Management						
Proposal Management		Your IMS User Account is linked to	the 0000-0001-76	66-4995 ORCiD.		
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ery & Reports	Profile			Health Physics Training Date:	02/01/2024	
itution Management	Name: Email:	SIddharth Khosla SKHOSLA@HOTMAIL.COM		Expiration Date:	02/01/2024	Request
tem Administration	Local Contact:	FitzGerald, Mary Ann		Agreement Date:		
ning Management	Affiliation:	University of Maryland Baltimore County - Departme		1260 Date:		
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ctor Training	Phone Extension:	4640				
out	Job Title:	Computer/IT ~				
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Responses to these questions are voluntry. Your responses are treated in a highly confidential manner. The aggregate information will be used to determine if our NSF-treed programs are reaching all segments of the population. Thank you for helping us determine the impact of our efforts.

Proposais	Deam Time	e	I ablications		
Saved: 3 Submitted: 3 Accepted: 2 Rejected: 0 Scheduled: 1 Total: 9	Saved: 2 Submitted: 2 Scheduled: 5 Total: 9	<u>.</u>	Submitted to WERE WERB Approved: In Press: Published: Total:	3: 0 0 0 1 2	
Experiments					
You do not have	You do not have any experiments scheduled.				

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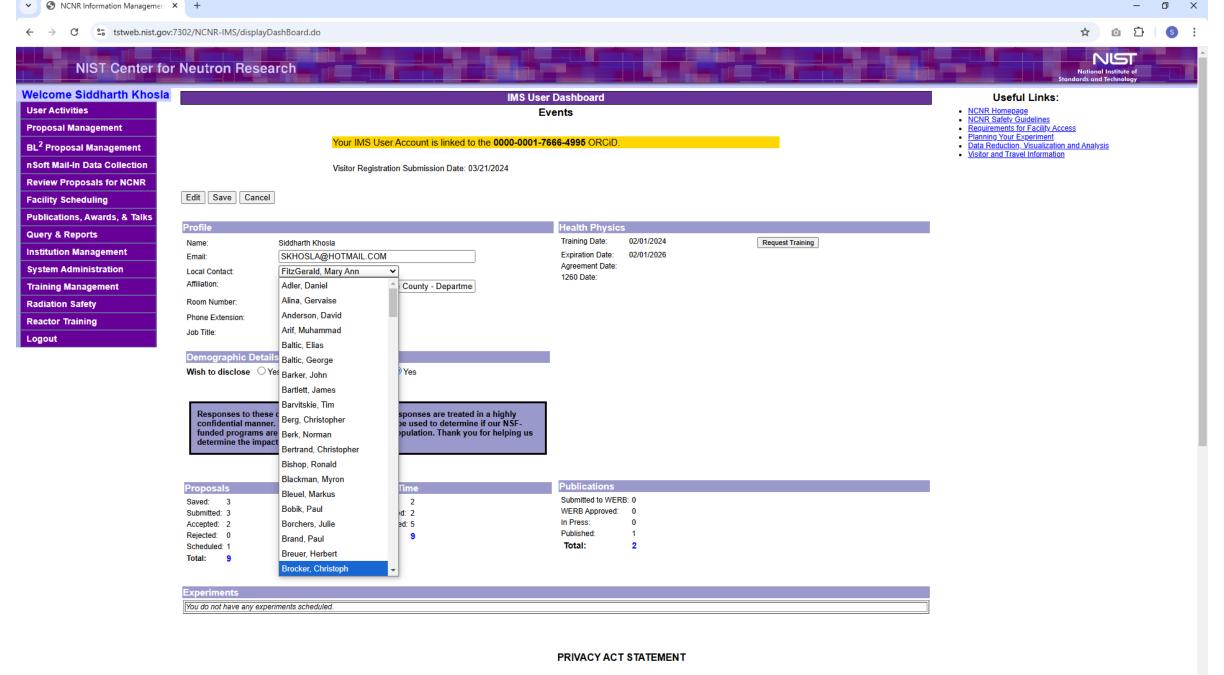
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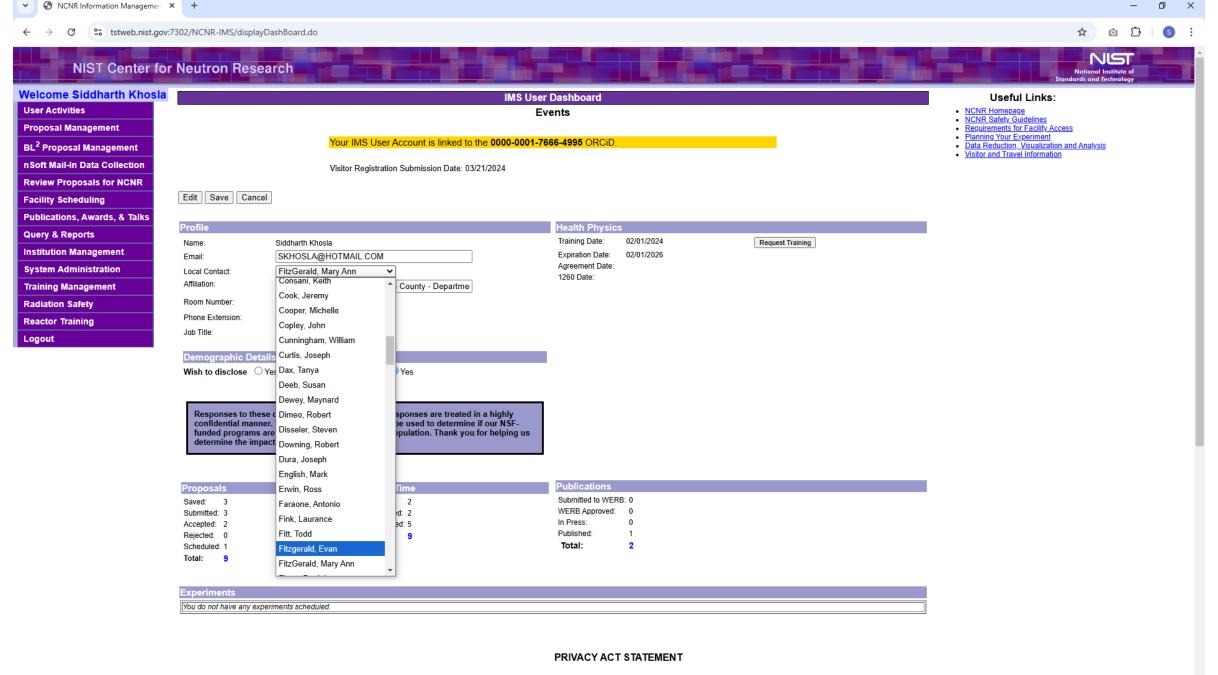
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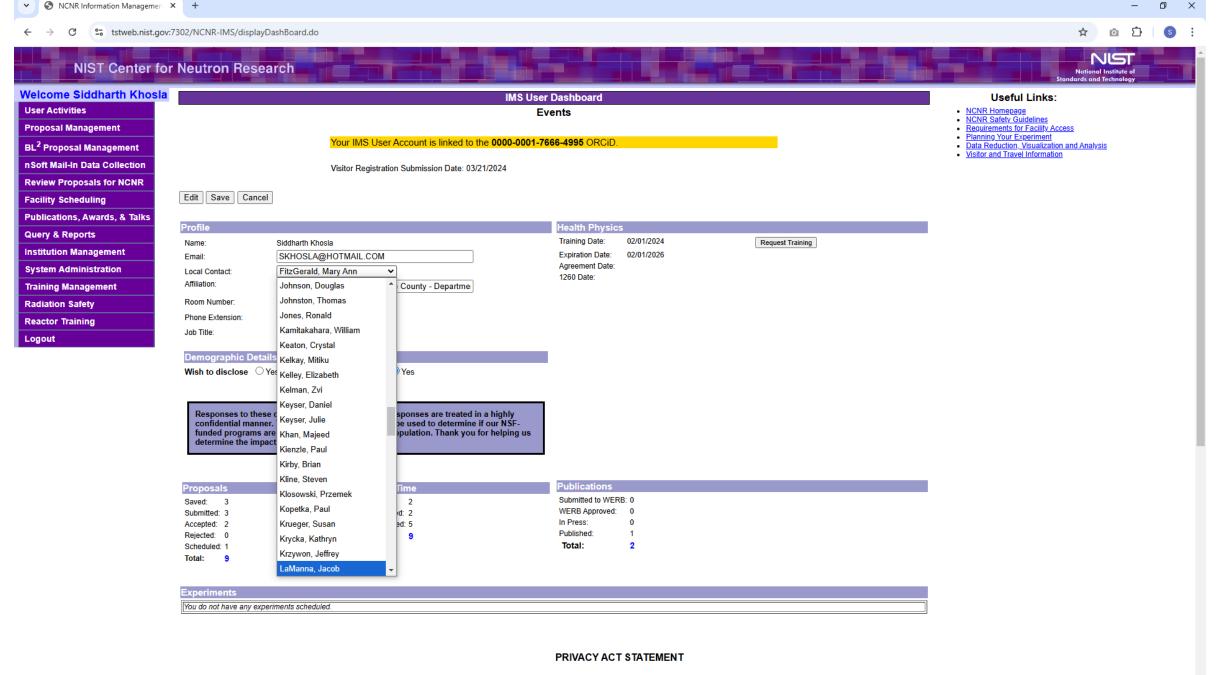
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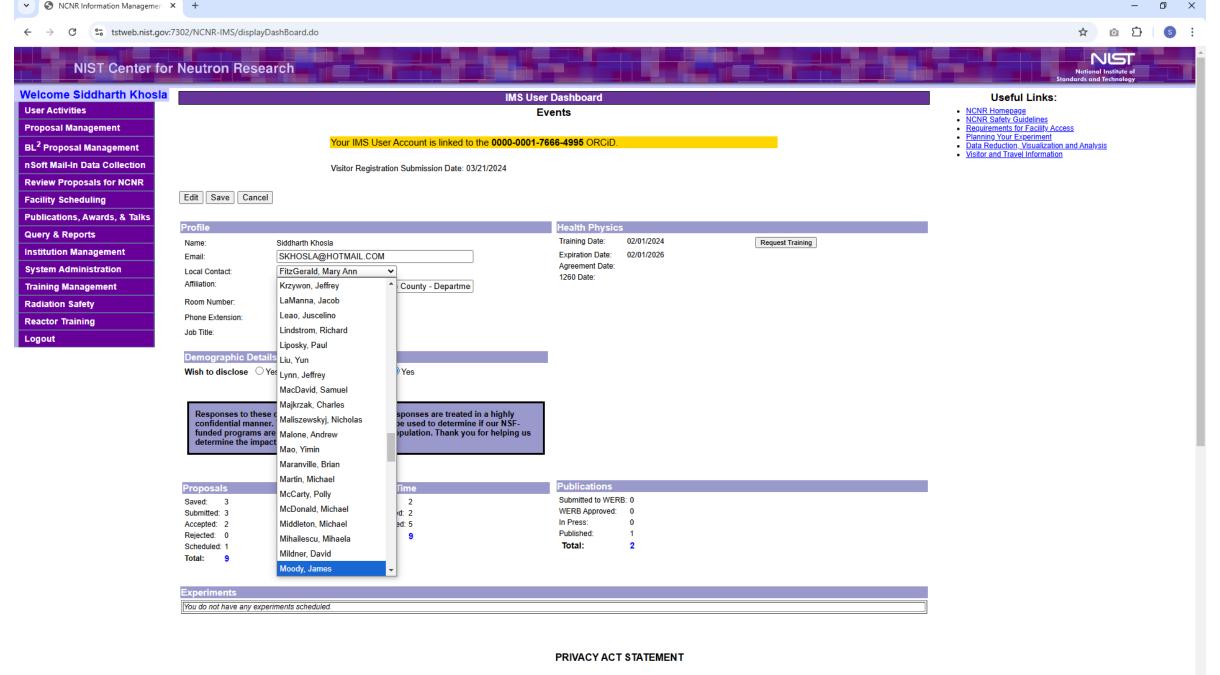
### Please e-mail support for questions about this website.

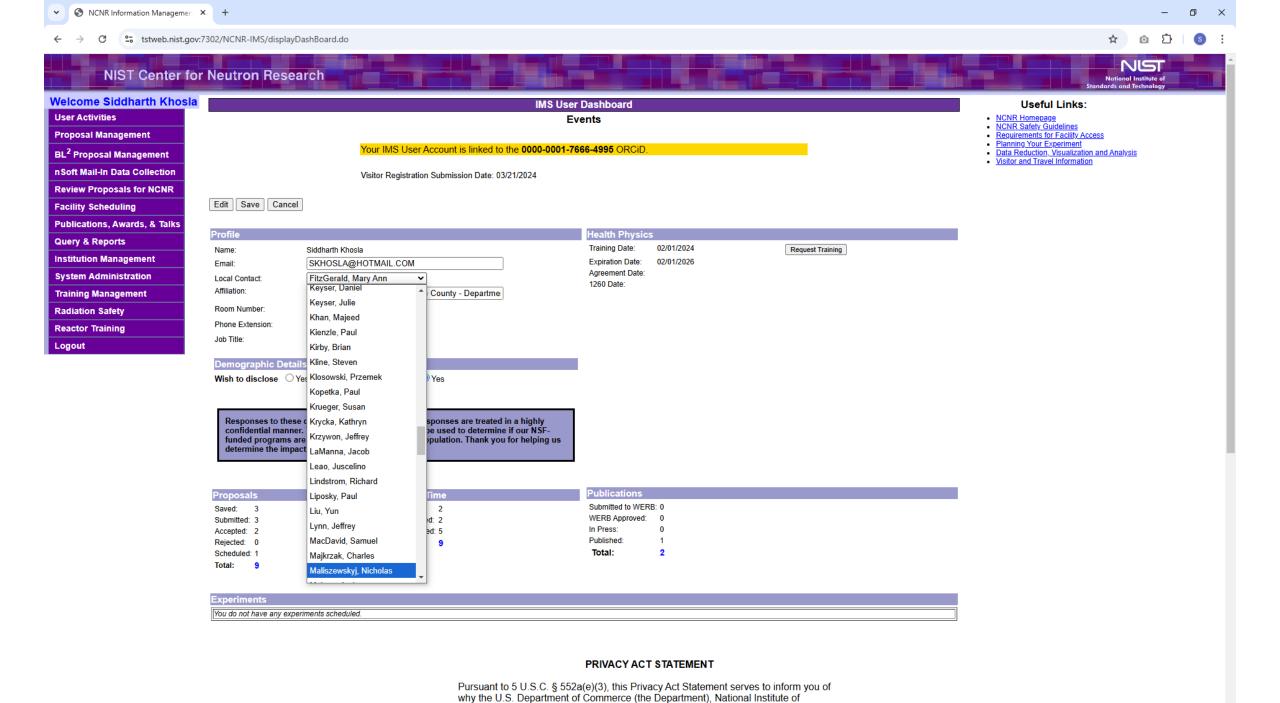
# USER'S DASHBOARD > LOCAL CONTACT DROP DOWN











Standards and Technology (NIST) is requesting the information on this form.

