

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

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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?

[Sign up](#)

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. 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 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 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.

System of records notices can be found here: <https://www.commerce.gov/opa99/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.

Supported browsers: Internet Explorer 6.0+ and Mozilla 1.0+.

In order to properly use this site, please ensure that your browser has Javascript enabled and allows pop-ups from this site.

[NCNR Home Page](#)

Please e-mail [support](#) for questions about this website.

Last modified 12/06/2024

CREATE ACCOUNT

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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 [here](#).

Password:

Confirm password:

Prefix:

First name:

Middle name:

Last name:

Suffix:

Click [here](#) to go to the login page.

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Password:

Confirm password:

Prefix:

First name:

Middle name:

Last name:

Suffix:

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Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

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.:

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Job type:
Job title:
Citizenship: Contractor
Permanent Resident/Green Card Holder: Private Research Institute
Local contact: University
Affiliation: Government
 Industry/Company
 NIST
 National Lab
 Other

Users, and then select your affiliation from the generated list.
 If you are not in the list, please enter the complete name of the affiliation name, from the generated drop down list.

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Last Name:

Relationship:

Telephone No.:

Citizenship dropdown list:

- Cameroon
- Canada
- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Clipperton Island
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo (Brazzaville)
- Congo (Kinshasa)
- Cook Islands
- Coral Sea Islands Territory
- Costa Rica
- Cote D'Ivoire
- Croatia

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WARNINGWARNING**WARNING**WARNING**WARNING**

Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact:

Affiliation:

- Dhekelia
- Djibouti
- Dominica
- Dominican Republic
- East Timor
- Ecuador
- Egypt**
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Ethiopia
- Europa Island
- Falkland Islands (Malvinas)
- Faroe Islands
- Federal Republic of Yugoslavia
- Fiji
- Finland
- France
- French Guiana

... affiliation from the generated list.
... please enter the complete
... from the generated drop down list.

This inform

... of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

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Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

- Holy See
- Permanent Resident/Green Card Holder
- Honduras
- Local contact : Hong Kong
- Affiliation: Howland Island
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Last Name: Israel
- Relationship: Italy
- Telephone No.: Jamaica
- Jan Mayen
- Japan
- Jarvis Island
- Johnston Atoll
- Jordan

... affiliation from the generated list.
... please enter the complete
... from the generated drop down list.

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Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact:

Affiliation:

This information

First Name:

Last Name:

Relationship:

Telephone No.:

- Holy See
- Honduras
- Hong Kong
- Howland Island
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Jan Mayen
- Japan
- Jarvis Island
- Johnston Atoll
- Jordan

... affiliation from the generated list.
... please enter the complete
... from the generated drop down list.

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Affiliation:

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Relationship:

Telephone No.:

First Name:

Last Name:

Relationship:

Telephone No.:

First Name:

Last Name:

Relationship:

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Permanent Resident/Green Card Holder:

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Affiliation:

This information is for use in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Tonga

Trinidad And Tobago

Tromelin Island

Tunisia

Turkey

Turkmenistan

Turks And Caicos Islands

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ACTIVATE ACCOUNT > LOCAL CONTACT DROP
DOWN

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Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

Affiliation:

- Adler, Daniel
- Alina, Gervaise
- Anderson, David
- Arif, Muhammad
- Baltic, Elias
- Baltic, George
- Barker, John
- Bartlett, James
- Barvitskie, Tim
- Berg, Christopher
- Berk, Norman
- Bertrand, Christopher
- Bishop, Ronald
- Blackman, Myron
- Bleuel, Markus
- Bobik, Paul
- Borchers, Julie
- Brand, Paul
- Breuer, Herbert

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Emergency Contact Information

This information is important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Activate

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement is being provided to you in connection with the collection of information by 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 by the Privacy 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 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 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.

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

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****WARNING**WARNING**WARNING**WARNING**WARNING****

Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

- Affiliation:
- Fink, Laurance
 - Fitt, Todd
 - Fitzgerald, Evan
 - FitzGerald, Mary Ann
 - Flynn, Daniel
 - Gagliardo, Jeffrey
 - Gagnon, Cedric
 - Gehring, Peter
 - Gentile, Thomas
 - Gilbert, Dustin
 - Gilliam, David
 - Glaze, Deborah
 - Glinka, Charles
 - Gnaupel-Herold, Thomas
 - Greenberg, Robert
 - Groff, Christine
 - Grutter, Alexander
 - Hammouda, Boualem
 - Hanak, Dona
 - Harriger, Leland

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

This information is important in the event of an accident or medical emergency.

Agency Contact Information

First Name:

Last Name:

Relationship:

Telephone No.:

Activate

PRIVACY ACT STATEMENT

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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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****WARNING**WARNING**WARNING**WARNING**WARNING****

Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

- Affiliation:
- Hoogerheide, David
 - Huang, Qing-Zhen
 - Huber, Michael
 - Hudson, Matthew
 - Hughes, Daniel
 - Hussey, Daniel
 - Jacobson, David
 - Jamer, Michelle
 - Jensen, Grethe
 - Johnson, Douglas
 - Johnston, Thomas
 - Jones, Ronald
 - Kamitakahara, William
 - Keaton, Crystal
 - Kelkay, Mitiku
 - Kelley, Elizabeth
 - Kelman, Zvi
 - Keyser, Daniel
 - Keyser, Julie
 - Khan, Majeed**

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Emergency Contact Information

This information is important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Activate

PRIVACY ACT STATEMENT

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U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is

AUTHORITY: The collection of this information is authorized by the Department of Commerce Information Resources Security Program Policy, Department of Commerce Administrative Orders, NIST Administrative Manual Chapter 11.02, NIST IT Security Management Handbook, and Privacy Act 1974.

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.

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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Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact :

Affiliation:

This information is important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

- Lynn, Jeffrey
- MacDavid, Samuel
- Majkrzak, Charles
- Maliszewskij, Nicholas
- Malone, Andrew
- Mao, Yimin
- Maranville, Brian
- Martin, Michael
- McCarty, Polly
- McDonald, Michael
- Middleton, Michael
- Mihailescu, Mihaela
- Mildner, David
- Moody, James
- Moore, Michael
- Mullendore, Sean
- Mumm, Hans
- Munter, Alan
- Murbach, Michael
- Nagao, Michihiro

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Activate

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement is being provided to you because you are requesting the information on this form.

AUTHORITY: The collection of this information is authorized by the Privacy Act of 1974 (5 U.S.C. 552a), the Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is authorized to collect this information under the Privacy 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 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 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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Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

- Affiliation:
- Ratcliff II, William
 - Remley, Bryan
 - Rinehart, Michael
 - Rodriguez, Jose
 - Rowe, J. Michael
 - Sahin, Dagistan
 - Santoro, Anthony
 - Satija, Sushil
 - Schroder, Ivan
 - Schwaderer, Marcus
 - Slaughter, Scott
 - Slifer, Scott
 - Sprow, Ricky
 - Stalick, Judith
 - Teixeira, Susana
 - Thompson, Alan
 - Tomasi, Kimberly
 - Tracy, James
 - Tsai, Peter
 - Tyagi, Madhu Sudan

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

Agency Contact Information

This information is important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

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AUTHORITY: The collection of this information is authorized by the Privacy Act of 1974, 5 U.S.C. § 552a, and the Department of Commerce Information 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 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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Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes No

Local contact:

- Affiliation:
- Walton, Avery
 - Watson, Shannon
 - Weaver, Jamie
 - Weigandt, Kathleen
 - Wietfeldt, Fred
 - Wilkison, Daniel
 - Williams, Robert
 - Williamson, Laura
 - Wiygul, Oscar
 - Wrenn, Colin
 - Wu, Hui
 - Xu, Guangyong
 - Xu, Zhijun
 - Yildirim, Taner
 - Yue, Andrew
 - Zeisler, Rolf
 - Zeltman, Melissa
 - Zhao, Yang
 - Zhou, Wei
 - Ziegler, Jeff

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

This information is for emergency contact information only. It is important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Activate

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AUTHORITY: The collection of this information is authorized by the Privacy Act of 1974 (5 U.S.C. 552a), the Government Information Security 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 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 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.

SUMMER SCHOOL APPLICATION

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

OMB Control # 0693-0061
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 0693-0061. Without this approval, we could not conduct this survey/information collection. Public reporting burden for this information collection is estimated to average 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/inmandatory/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 Center for Neutron Research at 100 Bureau Drive, Mail Stop 6102, Gaithersburg, MD 20899-1070. Attn: Przemek Klosowski at przemek.klosowski@nist.gov

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WARNINGWARNING***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 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. 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 11.02, NIST IT Security Management Handbook, and Privacy Act 1974.

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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 Licenses 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/opa/foia/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.

Instructions

This application form is for those who are planning to attend the 30th CHRRS 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	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States <input type="text"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="text"/> <ul style="list-style-type: none"> American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
Please select the technique you are primarily interested in:	<input type="text"/>
* 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).	<input type="text"/>
* Would like to be considered for financial assistance?	<input type="text"/>
<input type="button" value="Submit Application"/>	

SUMMER SCHOOL APPLICATION > TITLE DROP
DOWN

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.

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

Personal Information	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<input type="text"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="text"/>
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>

SUMMER SCHOOL APPLICATION > COUNTRY
DROP DOWN

Personal Information

* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<input type="text" value="United States"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

- United States
- United States
- Aden
- Afghanistan
- Albania
- Algeria
- Andorra
- Angola
- Antarctica
- Antigua
- Argentina
- Aruba
- Ascension
- Australia
- Austria
- Azores
- Bahamas
- Bahrain
- Balearic Islands
- Bangladesh
- Barbados

Demographic Information (Responses to these questions are voluntary.)

What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian or Pacific Islander

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?*	<input type="radio"/> Yes <input type="radio"/> No
Please select the technique you are primarily interested in:	<input type="text"/>

* 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).	<input type="text"/>
--	----------------------

Personal Information

* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<input type="text" value="United States"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

Demographic Information (Responses to these questions are voluntary.)

What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian or Pacific Islander

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?*	<input type="radio"/> Yes <input type="radio"/> No
Please select the technique you are primarily interested in:	<input type="text"/>

* 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).	<input type="text"/>
--	----------------------

Personal Information

* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<input type="text" value="United States"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

- United States
- Egypt
- El Salvador
- England
- Ethiopia
- Finland
- France
- Germany
- Ghana
- Greece
- Greenland
- Guam
- Haiti
- Holland
- Hong Kong
- Hungary
- Iceland
- India
- Indonesia
- Iran
- Iraq

Demographic questions to these questions are voluntary.)

What is your gender? You may skip this question if you prefer.

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.

Native

Native Hawaiian or Other Pacific Islander

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?*	<input type="radio"/> Yes <input type="radio"/> No
Please select the technique you are primarily interested in:	<input type="text"/>

* 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).

Personal Information

* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<input type="text" value="United States"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

- United States
- Japan
- Kenya
- Korea
- Kuwait
- Lebanon
- Liberia
- Liechtenstein
- Macau
- Malawi
- Mexico
- Monaco
- Mozambique
- Nepal
- Netherlands
- Netherlands Antilles
- New Zealand
- Nicaragua
- Nigeria
- Norway
- Pakistan

Demographic 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.
 Native American or Alaska Native Asian or Pacific Islander

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?*	<input type="radio"/> Yes <input type="radio"/> No
Please select the technique you are primarily interested in:	<input type="text"/>

* 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).

Personal Information

* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<input type="text" value="United States"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Other
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?*	<input type="radio"/> Yes <input type="radio"/> No
Please select the technique you are primarily interested in:	<input type="text"/>

* 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).

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* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<input type="text" value="United States"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

- United States
- Poland
- Portugal
- Portuguese India
- Puerto Rico
- Romania
- Rwanda
- Saudi Arabia
- Solomon Islands
- South Africa
- Spain
- Sweden
- Switzerland
- Tanzania
- Thailand
- United Kingdom
- Venezuela
- Vietnam
- Virgin Islands
- West Africa
- Western Samoa

Demographic questions are voluntary.

What is your gender? You may skip this question if you prefer.
 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.
 Native American or Alaska Native
 Hawaiian or Other Pacific Islander

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?*	<input type="radio"/> Yes <input type="radio"/> No
Please select the technique you are primarily interested in:	<input type="text"/>

* 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).

SUMMER SCHOOL APPLICATION > RACE DROP
DOWN

* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States <input type="button" value="v"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

Demographic Information (Responses to these questions are voluntary.)

What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="text" value="American Indian or Alaskan Native"/> Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text" value="v"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text" value="v"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
Please select the technique you are primarily interested in:	<input type="text" value="v"/>

* 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).	<input type="text"/>
* Would like to be considered for financial assistance?	<input type="text" value="v"/>

Submit Application

SUMMER SCHOOL APPLICATION >
PROFESSIONAL STATUS DROP DOWN

* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States <input type="button" value="v"/>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

Demographic Information (Responses to these questions are voluntary.)

What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="text" value="American Indian or Alaskan Native"/> Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="button" value="v"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	Other <input type="button" value="v"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
Please select the technique you are primarily interested in:	<input type="button" value="v"/>
* 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).	<input type="text"/>
* Would like to be considered for financial assistance?	<input type="button" value="v"/>

SUMMER SCHOOL APPLICATION > AREA OF
RESEARCH DROP DOWN

* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	United States
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>

Demographic Information (Responses to these questions are voluntary.)

What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<ul style="list-style-type: none">American Indian or Alaskan NativeAsianBlack or African AmericanHispanic or LatinoMiddle Eastern or North AfricanNative Hawaiian or Pacific IslanderWhite

Professional Information

* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
If your Principal advisor is willing to review Student Instructional Beam Time proposals, please provide their email address	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?*	<input type="text"/>
Please select the technique you are primarily interested in:	<ul style="list-style-type: none">Hard Condensed Matter PhysicsMagnetic MaterialsMaterials SciencePolymer ScienceComplex FluidsEarth SciencePhysical Chemistry and Chemical PhysicsMaterials ChemistryBiomolecular ScienceResidual Stress/EngineeringOther
* 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).	<input type="text"/>
* Would like to be considered for financial assistance?	<input type="text"/>

Submit Application

NEUTRON SCATTERING COURSE APPLICATION

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 is 0693-0081. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated to average 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 Center for Neutron Research at: 100 Bureau Drive, Mail Stop: 6102, Gaithersburg, MD 20899-1070, Attn: Przemek Klosowski at przemek.klosowski@nist.gov.

WARNINGWARNING***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 may be disclosed or used for any lawful Government purpose.

WARNINGWARNING***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 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. 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 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 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.

System of records notices can be found here: <https://www.commerce.gov/opa/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.

Section 1	
* Registration Type	<input type="text"/>
Section 2	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
Section 3 (Optional)	
What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="text" value="American Indian or Alaskan Native"/> Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White
Area of Research Interest	<input type="text"/>
Any information you would like to be shared with the course instructor.	<div style="border: 1px solid black; height: 100px;"></div>
If you have a disability and require accommodations to fully participate in this activity, please check here.	<input type="radio"/> Yes <input type="radio"/> No If yes, you will be contacted by someone from our staff to discuss your specific needs.
<input type="button" value="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.

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Section 1	
* Registration Type	<input type="text"/>
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
Section 2	
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Section 3 (Optional)	
What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="text"/>
Area of Research Interest	<input type="text"/>
Any information you would like to be shared with the course instructor.	<input type="text"/>
If you have a disability and require accommodations to fully participate in this activity, please check here.	<input type="radio"/> Yes <input type="radio"/> No If yes, you will be contacted by someone from our staff to discuss your specific needs.
<input type="button" value="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	<input type="text"/>
Section 2	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
Section 3 (Optional)	
What is your gender? You may skip this question if you prefer.	<input type="text"/> <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<input type="text"/> <ul style="list-style-type: none"> American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White
Area of Research Interest	<input type="text"/>
Any information you would like to be shared with the course instructor.	<div style="border: 1px solid black; height: 100px;"></div>
If you have a disability and require accommodations to fully participate in this activity, please check here.	<input type="radio"/> Yes <input type="radio"/> No If yes, you will be contacted by someone from our staff to discuss your specific needs.
<input type="button" value="Submit Application"/>	

NEUTRON SCATTERING COURSE APPLICATION
> PROFESSIONAL STATUS DROP DOWN

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Section 1	
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Section 2	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
Section 3 (Optional)	
What is your gender? You may skip this question if you prefer.	<input type="radio"/> Student <input type="radio"/> Post-Doc <input type="radio"/> Jr. Faculty <input type="radio"/> Other <input type="radio"/> Hispanic or Latino <input type="radio"/> Middle Eastern or North African <input type="radio"/> Native Hawaiian or Pacifican Islander <input type="radio"/> White <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	
Area of Research Interest	<input type="text"/>
Any information you would like to be shared with the course instructor.	<div style="border: 1px solid black; height: 100px;"></div>
If you have a disability and require accommodations to fully participate in this activity, please check here.	<input type="radio"/> Yes <input type="radio"/> No If yes, you will be contacted by someone from our staff to discuss your specific needs.
<input type="button" value="Submit Application"/>	

NEUTRON SCATTERING COURSE APPLICATION

> RACE DROP DOWN

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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.

Section 1	
* Registration Type	<input type="text"/>
Section 2	
* E-mail Address	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
Section 3 (Optional)	
What is your gender? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender, non-binary, or another gender <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<div style="border: 1px solid black; padding: 2px;"> American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White </div>
Area of Research Interest	<input type="text"/>
Any information you would like to be shared with the course instructor.	<div style="border: 1px solid black; height: 100px;"></div>
If you have a disability and require accommodations to fully participate in this activity, please check here.	<input type="radio"/> Yes <input type="radio"/> No If yes, you will be contacted by someone from our staff to discuss your specific needs.
<input type="button" value="Submit Application"/>	

USER'S DASHBOARD

Welcome Siddharth Khosla

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- Radiation Safety
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Events

Your IMS User Account is linked to the 0000-0001-7666-4996 ORCID.

Visitor Registration Submission Date: 03/21/2024

Profile		Health Physics	
Name:	Siddharth Khosla	Training Date:	02/01/2024 <input type="button" value="Request Training"/>
Email:	SKHOSLA@HOTMAIL.COM	Expiration Date:	02/01/2026
Local Contact:	FitzGerald, Mary Ann	Agreement Date:	12/00 Date:
Affiliation:	University of Maryland Baltimore County - Departme		
Room Number:	235/K07		
Phone Extension:	4640		
Job Title:	Computer/IT		

Demographic Details

Wish to disclose Yes **DO NOT** wish to disclose Yes

Responses to these questions are voluntary. Your responses are treated in a highly confidential manner. The aggregate information will be used to determine if our NSF-funded programs are reaching all segments of the population. Thank you for helping us determine the impact of our efforts.

Proposals	Beam Time	Publications
Saved: 3	Saved: 2	Submitted to WERB: 0
Submitted: 3	Submitted: 2	WERB Approved: 0
Accepted: 2	Scheduled: 5	In Press: 0
Rejected: 0	Total: 9	Published: 1
Scheduled: 1		Total: 2
Total: 9		

Experiments
You do not have any experiments scheduled.

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. 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 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 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.

System of records notices can be found here:
<https://www.commerce.gov/opo/po/privacy/SORN>

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Useful Links:

- [NCNR Homepage](#)
- [NCNR Safety Guidelines](#)
- [Requirements for Facility Access](#)
- [Planning Your Experiment](#)
- [Data Reduction, Visualization and Analysis](#)
- [Visitor and Travel Information](#)

USER'S DASHBOARD > LOCAL CONTACT DROP
DOWN

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- System Administration
- Training Management
- Radiation Safety
- Reactor Training
- Logout

IMS User Dashboard

Events

Your IMS User Account is linked to the 0000-0001-7666-4995 ORCID.

Visitor Registration Submission Date: 03/21/2024

Edit Save Cancel

Profile

Name: Siddharth Khosla
 Email: SKHOSLA@HOTMAIL.COM
 Local Contact: FitzGerald, Mary Ann
 Affiliation: Adler, Daniel
 Room Number: Alina, Gervaise
 Phone Extension: Anderson, David
 Job Title: Arif, Muhammad

Demographic Details

Wish to disclose Yes No

Responses to these questions are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are appropriate for your population. Thank you for helping us

Proposals

Saved: 3
 Submitted: 3
 Accepted: 2
 Rejected: 0
 Scheduled: 1
 Total: 9

- FitzGerald, Mary Ann
- Adler, Daniel
- Alina, Gervaise
- Anderson, David
- Arif, Muhammad
- Baltic, Elias
- Baltic, George
- Barker, John
- Bartlett, James
- Barvitskie, Tim
- Berg, Christopher
- Berk, Norman
- Bertrand, Christopher
- Bishop, Ronald
- Blackman, Myron
- Bleuel, Markus
- Bobik, Paul
- Borchers, Julie
- Brand, Paul
- Breuer, Herbert
- Brocker, Christoph

Health Physics

Training Date: 02/01/2024
 Expiration Date: 02/01/2026
 Agreement Date:
 1260 Date:

Request Training

Useful Links:

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

Experiments

You do not have any experiments scheduled.

PRIVACY ACT STATEMENT

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Welcome Siddharth Khosla

IMS User Dashboard

Events

Your IMS User Account is linked to the 0000-0001-7666-4995 ORCID.

Visitor Registration Submission Date: 03/21/2024

Edit Save Cancel

Useful Links:

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- [Requirements for Facility Access](#)
- [Planning Your Experiment](#)
- [Data Reduction, Visualization and Analysis](#)
- [Visitor and Travel Information](#)

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- Radiation Safety
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- Logout

Profile

Name: Siddharth Khosla
 Email: SKHOSLA@HOTMAIL.COM
 Local Contact: FitzGerald, Mary Ann
 Affiliation: Consani, Keith
 Room Number: Cook, Jeremy
 Phone Extension: Cooper, Michelle
 Job Title: Copley, John
 Cunningham, William

Health Physics

Training Date: 02/01/2024
 Expiration Date: 02/01/2026
 Agreement Date:
 1260 Date:

Demographic Details

Wish to disclose Yes No

Responses to these confidential manner. funded programs are determine the impact

Responses are treated in a highly confidential manner. Responses will not be used to determine if our NSF-funded programs are determine the impact. Thank you for helping us

Proposals

Saved: 3
 Submitted: 3
 Accepted: 2
 Rejected: 0
 Scheduled: 1
 Total: 9

- Faraone, Antonio
- Fink, Laurance
- Fitt, Todd
- Fitzgerald, Evan
- FitzGerald, Mary Ann

Time

2
 d: 2
 ed: 5
 9

Publications

Submitted to WERB: 0
 WERB Approved: 0
 In Press: 0
 Published: 1
 Total: 2

Experiments

You do not have any experiments scheduled.

PRIVACY ACT STATEMENT

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Visitor Registration Submission Date: 03/21/2024

Edit Save Cancel

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: FitzGerald, Mary Ann

Affiliation: Johnson, Douglas

Room Number: Johnston, Thomas

Phone Extension: Jones, Ronald

Job Title: Kamitakahara, William

Health Physics

Training Date: 02/01/2024 [Request Training](#)

Expiration Date: 02/01/2026

Agreement Date: 1260 Date:

Demographic Details

Wish to disclose Yes No

Responses to these questions are treated in a highly confidential manner. Responses are used to determine the impact of our programs on the community.

Responses are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are of interest to the community. Thank you for helping us.

Proposals

Saved: 3

Submitted: 3

Accepted: 2

Rejected: 0

Scheduled: 1

Total: 9

- Klosowski, Przemek
- Kopetka, Paul
- Krueger, Susan
- Krycka, Kathryn
- Krzywon, Jeffrey
- LaManna, Jacob

Time

2

2

5

9

Publications

Submitted to WERB: 0

WERB Approved: 0

In Press: 0

Published: 1

Total: 2

Experiments

You do not have any experiments scheduled.

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- Reactor Training
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Your IMS User Account is linked to the 0000-0001-7666-4995 ORCID.

Visitor Registration Submission Date: 03/21/2024

Edit Save Cancel

Profile

Name: Siddharth Khosla
 Email: SKHOSLA@HOTMAIL.COM
 Local Contact: FitzGerald, Mary Ann
 Affiliation: Krzywon, Jeffrey
 Room Number: LaManna, Jacob
 Phone Extension: Leao, Juscelino
 Job Title: Lindstrom, Richard

Demographic Details

Wish to disclose Yes No

Responses to these questions are treated in a highly confidential manner. Responses are used to determine the impact of our NSF-funded programs on the community.

County - Department

- FitzGerald, Mary Ann
- Krzywon, Jeffrey
- LaManna, Jacob
- Leao, Juscelino
- Lindstrom, Richard
- Liposky, Paul
- Liu, Yun
- Lynn, Jeffrey
- MacDavid, Samuel
- Majkrzak, Charles
- Maliszewskyj, Nicholas
- Malone, Andrew
- Mao, Yimin
- Maranville, Brian
- Martin, Michael
- McCarty, Polly
- McDonald, Michael
- Middleton, Michael
- Mihailescu, Mihaela
- Mildner, David
- Moody, James

Health Physics

Training Date: 02/01/2024
 Expiration Date: 02/01/2026
 Agreement Date:
 1260 Date:

Request Training

Proposals

Saved: 3
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 Total: 9

Time

2
 2
 5
 9

Publications

Submitted to WERB: 0
 WERB Approved: 0
 In Press: 0
 Published: 1
 Total: 2

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- System Administration
- Training Management
- Radiation Safety
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- Logout

Profile

Name: Siddharth Khosla
 Email: SKHOSLA@HOTMAIL.COM
 Local Contact: FitzGerald, Mary Ann
 Affiliation: Keyser, Daniel
 Room Number: Keyser, Julie
 Phone Extension: Khan, Majeed
 Job Title: Kienzle, Paul
 Kirby, Brian

Health Physics

Training Date: 02/01/2024
 Expiration Date: 02/01/2026
 Agreement Date:
 1260 Date:

[Request Training](#)

Demographic Details

Wish to disclose Yes No

Responses to these confidential manner. funded programs are determine the impact

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Proposals

Saved: 3
 Submitted: 3
 Accepted: 2
 Rejected: 0
 Scheduled: 1
 Total: 9

- Liposky, Paul
- Liu, Yun
- Lynn, Jeffrey
- MacDavid, Samuel
- Majkrzak, Charles
- Maliszewskij, Nicholas

Time

2
 2
 5
 9

Publications

Submitted to WERB: 0
 WERB Approved: 0
 In Press: 0
 Published: 1
 Total: 2

Experiments

You do not have any experiments scheduled.

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Visitor Registration Submission Date: 03/21/2024

Edit Save Cancel

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: FitzGerald, Mary Ann

Affiliation: Walton, Avery

Room Number: Watson, Shannon

Phone Extension: Weaver, Jamie

Job Title: Weigandt, Kathleen

Health Physics

Training Date: 02/01/2024

Expiration Date: 02/01/2026

Agreement Date:

1260 Date:

Request Training

Demographic Details

Wish to disclose Yes No

Responses to these confidential manner. funded programs are determine the impact

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Proposals

Saved: 3

Submitted: 3

Accepted: 2

Rejected: 0

Scheduled: 1

Total: 9

- Wietfeldt, Fred
- Wilkison, Daniel
- Williams, Robert
- Williamson, Laura
- Wiygul, Oscar
- Wrenn, Colin
- Wu, Hui
- Xu, Guangyong
- Xu, Zhijun
- Yildirim, Taner
- Yue, Andrew
- Zeisler, Rolf
- Zeltman, Melissa
- Zhao, Yang
- Zhou, Wei
- Ziegler, Jeff

Publications

Submitted to WERB: 0

WERB Approved: 0

In Press: 0

Published: 1

Total: 2

Experiments

You do not have any experiments scheduled.

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