



Sign in

Smart Card Login

Insert your PIV card into your smart card reader or sign in using your mobile PIV-D credentials. [Need help?](#)

Sign in



Authenticator App

Use your account credentials and check your phone for a one-time code or push notification. [Need help?](#)

Username

Password

[Forgot Password?](#)

Sign in

or



Research Organization



Login.gov



HHS AMS



Google



Microsoft



PayPal

[Trouble signing in?](#)

WARNING NOTICE:

For public facing web pages to which the public has privileged access, e.g., clinical trial or adverse effects systems where users/patients are logging in to enter PII/PHI: You are accessing a U.S. Government web site which may contain information that must be protected under the U.S. Privacy Act or other sensitive information and is intended for Government authorized use only. Unauthorized attempts to upload information, change information, or use of this web site may result in disciplinary action, civil, and/or criminal penalties. Unauthorized users of this web site should have no expectation of privacy regarding any communications or data processed by this web site. Anyone accessing this web site expressly consents to monitoring of their actions and all communication or data transitioning or stored on or related to this web site and is advised that if such monitoring reveals possible evidence of criminal activity, NIH may provide that evidence to law enforcement officials.

[NIH Web Policies and Notices](#)
[NIH Login Service Privacy Policy](#)
[HHS Vulnerability Disclosure](#)

NIH APPLICATION CENTER

WELCOME

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

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

Existing Users

I already have an NIH-AC account but don't remember which sign-in provider is linked to my account.

[Get Reminder](#)

I already have an NIH-AC account but want to link it to a new sign-in provider. I need account linking instructions.

[Get Instructions](#)

New Users

I am a first-time user and want to create a new NIH-AC account with as my sign-in provider.

[Create a new account](#)

Terms and Conditions

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

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

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

NIH APPLICATION CENTER

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New Account FormX

OMB No.: 0925-0299
Expiration: 31 May 2024

Please complete the form below to create a new NIH-AC account.

Name Prefix

Select

First Name

Middle Initial (Optional)

Last Name

Sign-in Provider:

Provider Email:

Create account

Cancel

Collection Burden

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

Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

NIH APPLICATION CENTER

PROFILE MANAGER FOR ██████████



Please complete all the required sections in your profile. You will be able to import sections from your profile into your program applications later. You will also be able to update/edit your profile as your career progresses.

To begin, you must enter your contact information. Afterwards, you can complete the various profile sections sequentially or use the links at the left to move freely between profile sections.

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

- ▶ [Contact Information](#)
- » [Address Information](#)
- » [Citizenship](#)
- » [Education Level](#)
- » [Education Experience](#)
- » [Coursework](#)
- » [References](#)
- » [CV/Resume](#)
- » [Review](#)

Contact Information

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

Primary Phone Number

Type

▼

Alternate Phone Number (Optional)

Type

▼

Save and Continue

NOTE: When you are ready to apply to a program, you will be able to export information from your profile into your application. Be certain to keep your profile information current and accurate.

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NIH APPLICATION CENTER

PROFILE MANAGER FOR [REDACTED]



Please complete all the required sections in your profile. You will be able to import sections from your profile into your program applications later. You will also be able to update/edit your profile as your career progresses.

To begin, you must enter your contact information. Afterwards, you can complete the various profile sections sequentially or use the links at the left to move freely between profile sections.

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- [Address Information](#)
- » [Citizenship](#)
- » [Education Level](#)
- » [Education Experience](#)
- » [Coursework](#)
- » [References](#)
- » [CV/Resume](#)
- » [Review](#)

Address Information

Please provide your permanent address.

Permanent Address

Address Line 2

Permanent City

Permanent State

Select N/A if your permanent address is not in the U.S.

ZIP/Postal Code

Country

☐ **My current address is the same as my permanent address.**

Please provide your current address.

Current Address

Address Line 2

Current City

Current State

Select N/A if your permanent address is not in the U.S.

ZIP/Postal Code

Country

Previous

Save and Continue

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Citizenship

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

Select your citizenship status

» [Contact Information](#)

» [Address Information](#)

► Citizenship

» Education Level

» Education Experience

» [Coursework](#)

» [References](#)

» [CV/Resume](#)

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Save and Continue

NOTE: When you are ready to apply to a program, you will be able to export information from your profile into your application. Be certain to keep your profile information current and accurate.

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To begin, you must enter your contact information. Afterwards, you can complete the various profile sections sequentially or use the links at the left to move freely between profile sections.

Education Experience

Add another school

Update

Degree date or completion date: 12/2024

Save and Continue

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

NIH APPLICATION CENTER

PROFILE MANAGER FOR ██████████



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To begin, you must enter your contact information. Afterwards, you can complete the various profile sections sequentially or use the links at the left to move freely between profile sections.

- OMB No. 3246-0047
- Expiration Date: 12/31/2018
- » [Contact Us](#)
- » [Address](#)
- » [Citizenship](#)
- » [Education](#)
- [Education History](#)
- » [Coursework](#)
- » [References](#)
- » [CV/Resume](#)
- » [Review Profile](#)

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NOTE: Wh
Be certain

Add SchoolX

Use this form to enter information regarding the school you attended.

School attended

Is this school based in the U.S?

State where this school is located.

Start date Month Year

End date Month Year

Major or enter

GPA**Grade scale**

Degree type
Enter the degree/diploma that you earned or expect to earn.

Degree or completion date
Enter the date you earned your degree, received your diploma, or finished this education experience.
Month Year

Cancel

Save

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

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References

Add a reference

[Previous](#)

Save and Continue

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PROFILE MANAGER FOR ██████████



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Expiration: 05/31/2024

References

Most applications in this system require letters of recommendation. You may, if you wish, add references to your profile. You may add up to 10 references. You may delete references at any time. You may also add references to your profile.

Add Reference



Use this form to add a new reference to your profile.

Prefix

Dr. ▾

First Name

Last Name

Email Address

Phone Number

Cancel

Save

NOTE: When you add a reference, you must provide a valid email address. Be certain that the email address is correct and that you have access to it.

Collection of information is protected from the system and other identifiers reported to the system.

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

To begin, you must enter your contact information. Afterwards, you can complete the various profile sections sequentially or use the links at the left to move freely between profile sections.

Curriculum Vitae or Resume

Curriculum Vitae or Resume (Optional):

Save and Continue

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

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Education Experience *

Coursework & Exams *

CV / Resume *

References *

Letter / Statement

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Financial Need

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Contact Information

The information below will appear on your application. Please review it for accuracy. If changes are required, please make them in the [profile manager](#).

Name

Email

Citizenship

Permanent Address

Current Address

Primary Phone

Secondary Phone

None

Save and Continue

* Denotes section that is incomplete or missing data.

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MY APPLICATION
NIH-AC APPLICATION



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- [Relatives at NIH](#)
- » [Education Level *](#)
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- » [CV / Resume *](#)
- » [References *](#)
- » [Letter / Statement](#)
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- » [Opt-In](#)
- » [Financial Need](#)
- » [Review and Submit](#)

Exit

Relatives at NIH

Please tell us about your relatives at the NIH. [Definition of "relative"](#)

You may list up to 2 relatives using this form.

Do you have one or more relatives at the NIH?

☒ Yes ☐ No

Add a relative

Previous

Save and Continue

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NIH APPLICATION CENTER

MY APPLICATION
NIH-AC APPLICATION



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- » [Optiona](#)
- » [NIH Site](#)
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- » [Financi](#)
- » [Review](#)

Relatives at NIH

Please tell us about your relatives at the NIH. [Definition of "relative"](#)

You may list up to 2 relatives using this form.

Do you have one or more relatives at the NIH?

☒ Yes ☐ No

Add a relative

Add Relative

X

Use this form to add your relative's information.

Your Relative's Full Name

Relationship

Institute or Center where your relative is employed.

Cancel

Save

* Denotes

Collection of information is protected from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

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► [Optional Information](#)

» [NIH Sites](#)

» [Opt-In](#)

» [Financial Need](#)

» [Review and Submit](#)

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Optional Information (Optional)

This section of the application is available for applicants that wish to provide additional information, such as an explanation of a lapse in education, academic blemish, or brief description of research interests, or perhaps NIH investigators with similar research interests. This section may be left blank.

Previous

Save and Continue

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- » [Relatives at NIH](#)
- » [Education Level](#) *
- » [Education Experience](#) *
- » [Coursework & Exams](#) *
- » [CV / Resume](#) *
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- » [Optional Information](#)
- ▶ [NIH Sites](#)
- » [Opt-In](#)
- » [Financial Need](#)
- » [Review and Submit](#)

- ☒ Bethesda, Maryland (Main Campus)
- ☐ Baltimore, Maryland (NIA and NIDA Campuses)
- ☐ Frederick, Maryland (NCI Section)
- ☐ Poolesville, Maryland
- ☐ Rockville, Maryland (NCATS, NCI, NIAID, NIAAA Sections)
- ☐ Framingham, Massachusetts (NHLBI Section)
- ☐ Hamilton, Montana (NIAID Section)
- ☐ Research Triangle Park, North Carolina (NIEHS Campus)
- ☐ Phoenix, Arizona (NIDDK Section)

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Save and Continue

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Opt-In

Select

Save and Continue

Exit

✓

(may be generic inbox for Financial Aid Office)

Save and Continue

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.

You're almost done! Our review shows that you have entered all the required information. To finish, please review all of your application information and press "Submit" **at the bottom of this page**. Doing so will send requests to your references, financial aid officer (if applicable), and make your application available to NIH investigators.

Contact Information

Edit this Section

Name: [REDACTED]

Email: [REDACTED]

Citizenship: I certify that I am a US Citizen.

Permanent Address:

[REDACTED]

Current Address:

[REDACTED]

Primary Phone: [REDACTED]

Secondary Phone:

applicants scroll to view
application before submitting

☒ I have reviewed my application and confirm that the information is true and complete to the best of my knowledge. I understand that false or inaccurate information may be grounds for denying my candidacy or removing me from the program.

Submit



Also, we have sent a request for recommendation to the email addresses that you listed for your references:

- [REDACTED]
- [REDACTED]
- [REDACTED]

Continue