

NIH APPLICATION CENTER FOR APPLICANT ACCESS

Welcome to the NIH Application Center (NIH-AC). The NIH-AC allows prospective trainees to create a profile and submit one or more program applications for admission based on eligibility.

Please use one of our trusted sign-in providers to access the NIH-AC.

SIGN-IN INSTRUCTIONS:

1. Use the same sign-in provider each time you access the NIH Application Center. You can use our [sign-in provider reminder](#) form if you ever forget which provider you used to create your account.
2. Do not have an account with any of the trusted sign-in providers? [Let us help](#).
3. If you have an NIH badge, please do not use either SMART CARD LOGIN, AUTHENTICATOR APP, or HHS AMS to create an account in the NIH Application Center. If you leave NIH, you will not be able to access your account.

[Go to Sign In](#)

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?](#)



Authenticator App

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



Username  Password  [Forgot Password?](#) 

or

 Research Organization 	 Login.gov 	 Google 
 Microsoft 	 PayPal 	



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

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.

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 you 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.

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

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

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.

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

- » [Contact Information](#)
- ▶ [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

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.

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

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

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](#)

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

Previous

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.

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

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

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: 31 May 2027

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

Education Level

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

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

Education Level

Year at Current Education Level

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

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

Indicate the degree you plan to pursue for your ultimate career goal.

Ultimate Education Degree Goal

Previous

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.

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

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

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.

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

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

Education Experience

Please tell us about your education experience. Enter your current or most recent experience first. This is required. You may also enter earlier education experiences up to a total of five. If you are currently in medical school, for example, NIH investigators are likely to be interested in where you obtained your bachelor's degree. Investigators are not likely to be interested in your high school experience unless (1) you are currently in high school or (2) you have just begun college.

[Add another school](#)

School: [REDACTED]

[Update](#)

Is this school based in the U.S? [REDACTED]

State where this school is located: [REDACTED]

Start date: [REDACTED]

End date: [REDACTED]

Major: [REDACTED]

GPA/Grade scale: [REDACTED]

Degree type: [REDACTED]

Degree date or completion date: [REDACTED]

[Previous](#)

[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.

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

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

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.:
- Expiration:
- » [Contact](#)
- » [Address](#)
- » [Citizens](#)
- » [Education](#)
- [Education](#)
- » [Coursework](#)
- » [References](#)
- » [CV/Res](#)
- » [Review](#)

Add School X

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

NOTE: Wh
Be certain

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

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

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](#)

Coursework and grades

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

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

Coursework and grades (Optional):

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

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

[Previous](#)

[Save and Continue](#)

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.

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

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

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](#)

References

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

[Add a reference](#)

[Previous](#)

[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.

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

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

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

References

Most applications in this system require letters of recommendation. You may, if you wish, request a letter of recommendation from a former supervisor, colleague, or other professional who can attest to your qualifications.

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

NOTE: When you submit your profile, you will be asked to provide a collection of information. Be certain that you have provided all the information requested.

Collection of information is protected from the release of other information reported to the public.

Public reporting burden for reviewing this 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.

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

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](#)

Curriculum Vitae or Resume

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

Curriculum Vitae or Resume (Optional):

[Previous](#)

[Save and Continue](#)

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.

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

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

NIH APPLICATION CENTER



MY APPLICATION
NIH-AC APPLICATION

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

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

[Exit](#)

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
[REDACTED]

Email
[REDACTED]

Citizenship
[REDACTED]

Permanent Address
[REDACTED]

Current Address
[REDACTED]

Primary Phone
[REDACTED]

Secondary Phone
None

[Save and Continue](#)

* Denotes section that is incomplete or missing data.

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

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

NIH APPLICATION CENTER



MY APPLICATION
NIH-AC APPLICATION

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

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

[Exit](#)

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](#)

* Denotes section that is incomplete or missing data.

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

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

NIH APPLICATION CENTER

MY APPLICATION
NIH-AC APPLICATION



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

- » [Contact Information](#)
- ▶ [Relatives at NIH](#)
- » [Education Level *](#)
- » [Education Experience *](#)
- » [Coursework & Exams *](#)
- » [CV / Resume *](#)
- » [References *](#)
- » [Letter /](#)
- » [Optiona](#)
- » [NIH Site](#)
- » [Opt-In](#)
- » [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



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
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.

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



MY APPLICATION
NIH-AC APPLICATION

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

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

[Exit](#)

Letter / Statement

Provide details about your motivation for pursuing an advanced degree and your future career goals. Describe important educational, research, and teaching experiences as well as how participation in the GPP would help you achieve your goals.

If you have experienced unique circumstances or come from a [disadvantaged background](#), please include this information.

[Previous](#)

[Save and Continue](#)

* Denotes section that is incomplete or missing data.

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

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

NIH APPLICATION CENTER



MY APPLICATION
NIH-AC APPLICATION

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

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

[Exit](#)

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](#)

* Denotes section that is incomplete or missing data.

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

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

NIH APPLICATION CENTER



MY APPLICATION
NIH-AC APPLICATION

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

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

NIH Sites

- 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)

[Exit](#)

[Previous](#)

[Save and Continue](#)

* Denotes section that is incomplete or missing data.

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

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

NIH APPLICATION CENTER



MY APPLICATION
NIH-AC APPLICATION

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

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

[Exit](#)

Opt-In

If not selected for [redacted] by [redacted] we can copy your entire application, including letters of reference, to the [redacted]. Please let us know if you would like to be considered for the [redacted].

Note:

- I understand that by opting into the [redacted] my application contents, including letters of recommendation, may be transferred if I am not selected.
- I understand that I may submit a separate application to the [redacted]. If I do so, this application will not be transferred and that I will be required to request new letters of recommendation.

[Previous](#)

[Save and Continue](#)

* Denotes section that is incomplete or missing data.

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

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

NIH APPLICATION CENTER



MY APPLICATION
NIH-AC APPLICATION

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

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

[Exit](#)

Financial Need

Your undergraduate institution must determine if you qualify for 'Exceptional Financial Need (EFN)' based your family's Adjusted Gross Income (AGI) on either their [REDACTED] or [REDACTED] income tax statement. The EFN certification must be submitted by your university through the online system, no exceptions.

The EFN email request will disclose your first name, last name, and email address to your financial aid office. By providing an email address for your financial aid officer, you are authorizing the following:

~ The NIH [REDACTED] is authorized to disclose the above-mentioned information to your financial aid officer.

~ Your financial officer is authorized to disclose your financial aid and financial need information to the NIH [REDACTED].

This application has been completed. No changes are permitted.

Your University Email:

Financial Aid Officer Name (optional):

Prefix

First

Last

Financial Aid Officer Email Address:

Email:

(may be generic inbox for Financial Aid Office)

[Previous](#)

[Save and Continue](#)

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

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

NIH APPLICATION CENTER

APPLICATION DETAILS
NIH-AC APPLICATION



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]

*applicants scroll to view
application before submitting*

Current Address:

[REDACTED]

Primary Phone: [REDACTED]

Secondary Phone:

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

NIH APPLICATION CENTER

CONFIRMATION - APPLICATION ACTIVE



Thank you. We have received your application to the [REDACTED] and have sent an email message confirming this fact to [REDACTED]. If you do not receive the message shortly, please check your junk mail folder. If you do not find the message there, contact us by email at TrainingWWW@mail.nih.gov for further assistance.

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

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

Your references should receive this message momentarily. It is **your responsibility** to ensure that they receive the message and submit their recommendation in a timely manner.

Continue