

RADIOLOGY RESEARCH CERTIFICATE PROGRAM APPLICATION

Public reporting burden for this collection of information is estimated to average 5 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 (XXXX-XXXX). Do not return the completed form to this address.

Please review the Radiology Research Certificate (RRC) Checklist and be prepared to upload your documentation. All components must have been completed within the last 2 years of your application date, unless otherwise noted.

1. Full Name:
2. Email:
3. Date of application submission:
4. Please choose the best option that describes you:
 - a. I am an NIH employee, trainee, or contractor. Choose your NIH IC.

• CC	• NIA	• NIEHS
• CIT	• NIAAA	• NIGMS
• CSR	• NIAID	• NIMH
• FIC	• NIAMS	• NIMHD
• NCATS	• NIBIB	• NINDS
• NCCIH	• NICHD	• NINR
• NCI	• NIDCD	• NLM
• NEI	• NIDCR	• OD
• NHLBI	• NIDDK	
• NHGRI	• NIDA	
 - b. I am currently affiliated with an institution/company/organization.
 - i. Name of institution/company/organization:
 - c. I am not affiliated with any institution/company/organization.
5. I successfully completed all of the following requirements: Fundamentals of Radiology Research Course and a confirmed application submission for a research funding opportunity under the guidance of an approved mentor.

- Yes

6. Attachments: Upload all supporting documentation for the requirements.