

Form-01 – NIHAC Application

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EDUCATION

NIH Application Center

For Applicant Access

Sign-In Instructions

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.

1. Use one of our trusted sign-in providers to access the NIH-AC.
2. 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.
3. Do not have an account with any of the trusted sign-in providers? [Let us help.](#)
4. 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](#)

Need Assistance?

- Visit our [frequently asked questions \(FAQs\)](#) section to get help with the NIH Application Center.

Providers

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

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Research Organization

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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

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For assistance, call the NIH IT Service Desk at
301-496-4357 (6-HELP) or 866-319-4357 (toll-free)

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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.

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NIH Application Center

Profile Manager for Forename Surname

    

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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Expiration: 03/31/2027

Profile Sections

- **Contact Information**
- » Address Information
- » Citizenship
- » Education Level
- » Education Experience
- » Coursework
- » References
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- » 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

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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

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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.

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Save and Continue

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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

Alpha University

Is this school based in the U.S.? Yes

State where this school is located: Maryland

Start date: August 2020

End date: May 2025

Major: Chemistry

GPA/Grade scale: 4.0/4.0

Degree type: Non-Degree

Degree date or completion date: May 2025

Update

Previous

Save and Continue

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Add School

×

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:

End date:

Major:

GPA:

Grade scale:

Degree type:

Degree date:

Cancel

Save

This pop-up window is displayed when the applicant clicks [Add Another School].

Applicant may provide several educational data blocks.

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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 ...

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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](#)

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Add Reference

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

Prefix:

First Name:

Last Name:

Email Address:

Work Phone Number:

[Cancel](#) [Save](#)

This pop-up window is displayed when the applicant clicks **[Add a Reference]**.

Applicant may store several reference contact information within the profile.

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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):

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Profile Manager for Forename Surname



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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Review

On the next page, you will see a summary of the information you entered into your profile. Please take a moment to review it carefully to ensure everything is accurate and complete.

If any details need to be updated, select the appropriate link on the left to make changes before proceeding. You'll also have another opportunity to edit your information on the next page if needed.

Confirming your profile is correct now will help ensure a smooth experience, so take a moment to verify that all details are accurate.

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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:	Forename Surname
Email:	wagnerpa@od.nih.gov
Citizenship:	US Citizen
Permanent Address:	2 Center Drive: Bldg 2 / 2nd Floor Bethesda, Maryland 20852 United States
Current Address:	2 Center Drive: Bldg 2 / 2nd Floor Bethesda, Maryland 20892 United States
Primary Phone:	(240) 476-3619 Work
Secondary Phone:	(240) 476-3619 Work

Save and Continue

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Relatives at NIH

Please tell us about your relatives at the NIH. Definition of "relative"

You may list up to 4 relatives using this form.

Do you have one or more relatives at the NIH?

☒ Yes
☐ No

Add another relative

Your Relative's Full Name: Rel-Forename Rel-Surname

Relationship: Other

Institute/Center where employed: Office of the Director (OD)

Remove

Update

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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

This pop-up window is displayed when the applicant clicks [Add Another Relative].

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Education Level

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

You may if you wish [import data](#) from your profile into this section.

Education Level

Year

Degree date

?

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 are recently enrolled and accepted into a new school you should select "First" from the "Year" options.

Educational Degree Aspirations

Please enter the degree you wish to have when you complete all of your educational plans. You can elaborate on your plans in the next sections of this application.

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Education Experience

Indicate which degree program or programs you will be reporting in your application: PhD degree; MD or DDS or DVM or RN degree; MS degree; BS degree; AA degree; or non-degree program. Each degree program selected will generate in a block of fields associated with that program. Be sure to include all of your educational history. Failure to do so may be grounds for dismissal.

You must provide a complete history of all academic courses and grades you have taken and are currently taking. Be certain to reformat your transcript information as directed, else the admission committee will have difficulty understanding and assessing your academic experience and strengths. Updated information about your courses and grades will not be accepted after the application deadline.

The GPP does not require official transcripts at this phase of the admission process. Students that matriculate will be required to submit official transcripts for the appointment process. Transcripts will be carefully compared to the contents of your application to ensure accuracy in self-reporting. Failure to report all courses and grades accurately is grounds for immediate dismissal from the program.

One education experience is required, but you may enter 6 (total) education experiences.

You may if you wish [import data](#) from your profile into this section.

Add another school

Alpha College

Is this school based in the U.S? Yes

State where this school is located: Maryland

Start date: June 2016

End date: December 2018

Major: Chemistry

GPA/Grade scale: Pass/Pass/Fail

Degree type: Bachelor Degree: BA, BS, RN

Degree date or completion date: December 2018

Update

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Add School

Use this form to enter information regarding your current or most recent school attended.

Current or most recent school attended

Is this school based in the U.S?

State where this school is located.

Start date:End date:

Major:or enter

GPA:Grade scale

Degree type:

Degree date:

CancelSave

This pop-up window is displayed when the applicant clicks [Add Another School].

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Coursework & Exams

List all courses completed, taking, and registered to take since receiving your high school diploma in chronological order. Use descriptive, meaningful course titles, example: Organic Chemistry is more informative than Chemistry 40. Official transcripts are not needed during this phase of the admission process. Matriculants will need to provide official transcripts. Standardized examination scores, if required, may be included in this section.

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 ...

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CV / Resume

Paste a plain text version of your curriculum vitae or resume into this section. Include the following information in this section:

- Research Experience (training dates, location, mentor, couple descriptive sentence)
- Publications or Presentations (submitted for review, accepted for publication, published)
- Awards and Honors (date, title, etc...)
- Extracurricular Activities

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References

Once you review and submit your completed application, an email request for a letter of recommendation will be sent to each of your references.

This program requires 3 references. Please enter 3 more references.

Add a reference

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Add Reference

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

Prefix:

Dr.

First Name:

Last Name:

Email Address:

Work Phone Number:

Cancel

Save

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Personal 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.

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Optional Information

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, etc. This section may be left blank.

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My NIHAC Universal Application



OMB No.: 0925-0299
Expiration: 03/31/2027

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NIH Campus

Indicate which of the NIH campuses you would be interested in performing dissertation research.

- ☒ 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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Financial Need

Application Instructions for Applicant

A request for EFN support **has not yet been sent** to this email address. Please use the [application manager](#) to send a request for EFN support.

Financial Aid Officer Name (optional):

Name Prefix:

First Name:

Last Name:

Financial Aid Officer Email Address:

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Review and Submit

The next page will display the information you have entered so far. Please review it for accuracy before submitting your application.

If you want to modify any of the information now, please select a link on the left to access the appropriate section. You will also have the opportunity to edit the sections from the next page.

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