

CEP Public Reporting Burden Statement

Public reporting burden for this collection of information is estimated to average 20 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 (0925-0698).

Do not return the completed form to this address.

Clinical Electives Program(CEP) Application

OMB Number: 0925-0698
OMB Expiration Date: 10/31/2026
[Public Reporting Burden Statement](#)

All required fields are marked with an asterisk*

Instructions: *If you already have a saved application click on the [Login](#) button*

Before you begin, you may want to review a statement about [privacy](#). After you fill out the application form below, press the [Save] button at the bottom of this page to resume your application later. You **MUST** Press the [Submit] button to complete the application process.

[Eligibility Requirements for the NIH Clinical Electives Program](#)

Notice to all applicants: Students are advised to ensure that all application information is accurate. False or inaccurate information contained in this application may be grounds for denying your candidacy or removing you from the program. Please contact CEP@mail.nih.gov if you need assistance or have questions.

- We advise international students to apply a minimum of six months prior to the desired elective start date
- We advise domestic students to apply a minimum of three months prior to the desired elective start date.

Personal Information	Contact Details
Academic Information	Title*:
Experience	First Name*:
References	Middle Initial:
Electives	Last Name*:
Review and Submit	Email Address*:
	Phone Number*:
	Address:
	City:
	State:
	Zip Code/Postal Code:
	Country/Region:
	Status
	Citizenship Status*:
	Previous Research Experience At NIH:
	Next Save

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Personal Information

Academic Information

Experience

References

Electives

Review and Submit

Academic Contact Information*

School Name*:
* required.

School Address*:
* required.

City:

State:

Zip Code/Postal Code:

Country/Region*:

School Contact Number*:
* required.

Academic Details*

Are you participating in a combined Degree Granting Program (i.e. MD/PhD)*:

Type of Degree Expected (i.e. MD, DO, MD/PhD, etc)*:
* required.

Year at Current Level*:

Current Cumulative GPA*:

School Grading Scale*:

Month and Year Degree Expected*:
* required.

Academic Test Scores*

Are you enrolled in an LCME Accredited Institution?*:

Please select your school enrollment status:

Date Exam passed:

Please upload your USMLE Step 2 CS or TOEFL*:
[Blue Ocean Creating Process.pdf](#)

Next

Save

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Cover Letter*

Upload Cover Letter File:

Select File

CV/Resume*

Upload CV/Resume File:

Select File

Coursework and Grades*

Please attach a copy of your official transcript or mark sheet which Includes completed core clerkship grades and coursework currently in progress.

Upload Official transcript or test scores:

Select File

Note: If you are unable to attach your official transcript or test scores above, they should be sent to:
Coordinator, Clinical Electives Program
Office of Intramural Training and Education
National Institutes of Health
Building 10, Room 1N-252
10 Center Drive, MSC 1158
Bethesda, MD 20892-1158

Next

Save

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- Personal Information
- Academic Information
- Experience
- References
- Electives
- Review and Submit

References

Please provide contact information for the Dean of Student Affairs or equivalent and faculty member providing letters. Letters and contact information must be from two separate individuals. The Dean of Student Affairs or equivalent must approve your participation in the Clinical Electives Program.

****Letters must be on official school letterhead and have official signatures.****

Dean of Student Affairs or equivalent – letter of good standing is required.
If English is not your primary language, your Dean (or equivalent institutional official) must confirm, in this letter, that your English language communication skills with patients has been formally and directly assessed in the clinical setting and, on the basis of such an assessment, is at a level sufficient to permit direct involvement in patient care in the United States

Title*:

First Name*:

Middle Initial:

Last Name*:

Email Address*:

Medical or Dental school faculty or equivalent.

Title*:

First Name*:

Middle Initial:

Last Name*:

Email Address*:

[Next](#) [Save](#) [Send Reference Emails](#)

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It is preferred students start the 1st Monday of the month. However, if your school starts student electives at a different time, we will do our best to accommodate your request for an alternate start date.

First Choice*

Elective*:

Month/Session*:

Start Day*:

Second Choice

Month/Session:

Start Day:

Third Choice

Month/Session:

Start Day:

1. If you apply for multiple electives with the same start date, you will be limited to only one acceptance
2. If you apply for multiple electives with different start dates, you may be accepted up to but no more than 3 rotations

Next

Save