

REP Public Reporting Burden Statement

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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.

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Resident Electives Program (REP) Application

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

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.

Applicants are advised to apply a minimum of three months prior to the start date of the elective in which they would like to participate.

[Eligibility Requirements for the NIH Resident/Fellow Electives Program](#)

All required fields are notated with an asterisk*.

Personal Information

Residency Information

Experience

References

Electives

Review and Submit

Contact Details

Title*:

First Name*:

Middle Initial:

Last Name*:

Degree*:

Email Address*:

Current Home Address*:

City:

State:

Zip Code:

Phone Number*:

Current PGY Level*:

Status

Citizenship Status*:

Are you a citizen belonging to one of the Countries of Particular Concern listed on the **U.S. Department of State** site?

[U.S. Department of State Countries of Particular Concern](#)

I am on an ECFMG sponsored J-1 visa:

I am on an H-1 visa:

Other (Please specify):

Previous research experience at NIH:

[Save](#)

[Cancel](#)

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[Eligibility Requirements for the NIH Resident/Fellow Electives Program](#)

All required fields are notated with an asterisk*.

Personal Information Residency Information Experience References Electives Review and Submit	Contact Details Title*: First Name*: Middle Initial: Last Name*: Degree*: Email Address*: Current Home Address*: City: State: Zip Code: Phone Number*: Current PGY Level*:
	Status Citizenship Status*: Previous research experience at NIH:

Save **Cancel**

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Personal Information Residency Information Experience References Electives Review and Submit	Residency/Fellowship Information* ☐ I am a current resident in an ACGME-accredited residency training program. ☐ I have completed an ACGME-accredited residency and I am now a fellow. Specialty or Subspecialty Program*: Sponsoring Institution/Hospital*: Address of Institution/Hospital: Institution/Hospital: City: State: Zip Code:
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Save **Next** **Cancel**

Please e-mail technical questions or comments to REP@mail.nih.gov | [Privacy Policy](#) | [Legal Disclaimer](#)

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[Eligibility Requirements for the NIH Resident/Fellow Electives Program](#)

Personal Information	Cover Letter* (Briefly explain your interest in applying for a residency/fellow elective at the NIH) Upload Cover Letter File: Browse... Upload
Residency Information	
Experience	
References	
Electives	
Review and Submit	
CV/Resume* Upload CV/Resume File: Browse... Upload	
Save Next Cancel	

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[Eligibility Requirements for the NIH Resident/Fellow Electives Program](#)

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

References

Program Director's Information:

Title*:

First Name*:

Middle Initial:

Last Name*:

Specialty or Subspecialty Program:

Sponsoring Institution/Hospital*:

Institution/Hospital Address:

City:

State:

Zip Code:

Office Phone*:

Office Email*:

Faculty Reference Information:

Title*:

First Name*:

Middle Initial:

Last Name*:

Specialty or Subspecialty Program:

Sponsoring Institution/Hospital*:

Institution/Hospital Address:

City:

State:

Zip Code:

Office Phone*:

Office Email*:

Send Reference Request

Save

Next

Cancel

All required items are indicated with an asterisk*.

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[Eligibility Requirements for the NIH Resident/Fellow Electives Program](#)

Personal Information	First Choice* Elective: Select Month/Session: Select Second Choice Elective: Select Month/Session: Select Third Choice Elective: Select Month/Session: Select
Residency Information	
Experience	
References	
Electives	
Review and Submit	Save Next Cancel

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