ACADEMIC INTERNSHIP PROGRAM (AIP) - FEEDBACK

Q1 NIH Academic Internship Program (AIP) - Trainee Registration
The Office of Intramural Training & Education (OITE) is registering all trainees in the Academic Internship Program, so that we can better support their research, academic, and career development.

This form is to be completed by NIH AOs, training directors (TDs), or IC staff only.

(Click on the green arrow below to start)

* Q2 Are you an NIH AO, training director (TD), or other IC staff completing this form on behalf of an AIP trainee?

  ○ Yes (1)
  ○ No (2)

Q3 What is your name? (AO, TD, or IC staff)

________________________________________________________________

* Q4 What is your NIH email address? (AO, TD, or IC staff)*
 (* denotes required field)

________________________________________________________________
Q5 What is your NIH title/role? (AO, TD, or IC staff)

________________________________________________________________

Q6 Trainee Personal Information

________________________________________________________________

Q7 First Name (Given Name)* (* denotes required field)

________________________________________________________________

Q8 Middle Initial

________________________________________________________________

Q9 Last Name (Family Name)*

________________________________________________________________

Q10 NIH Email Address*

________________________________________________________________

Q11 Personal Email Address*

________________________________________________________________
Q12 Trainee Phone Number (XXX-XXX-XXXX) (home or cell)*

________________________________________________________________

Q13
HHS ID Number* (10-digits, no dashes)

________________________________________________________________

Q14 Trainee's Emergency Contact Name:

________________________________________________________________

Q15 Trainee's Emergency Contact Phone Number: (XXX-XXX-XXXX) (home or cell)

________________________________________________________________

Q16

Trainee Academic Information

Q17
Current Education Level:*

- High School Student (1)
- Community College Student (2)
- College Student (3)
- Master's Student (4)
- If None of the above, please explain (5)

________________________________________________________________
Q19 Year at Current Level:

- First Year (1)
- Second Year (2)
- Third Year (3)
- Fourth Year (4)
- Fifth Year (5)

Q20 Academic Institution Name*

________________________________________________________________

Q21 State of Academic Institution:

▼ Alabama (1) ... Not in the United States (53)
Q22 Is this trainee currently enrolled at ${Q20/ChoiceTextEntryValue}?*

- Yes (1)
- No (2)
- Unknown/No Information (3)

Q23 **Additional Trainee Information**

Q24 Minimum Age Requirement: Will this trainee be at least 17 years of age on or before starting date?*

- Yes (1)
- No (2)

Q25 Citizenship Status:*

- US Citizen (1)
- US Permanent Resident (2)
- Foreign National (3)

Q26 Is this trainee a member of your IC sponsored program (e.g. NCI WHK Student Intern Program, NIEHS Scholars Connect Program...etc)?

- Yes, please specify (1) ___________________________________________

- No (2)
Q27 Does this trainee have relatives working in NIH Institute-Center?

Note: NIH Policy on Nepotism - An individual may not be hired, employed, promoted, or advanced to a position in any IC where his/her hire, employment, promotion or advancement has been advocated by a public official who exercises jurisdiction or control over that IC and is related to that individual.

- Yes (indicate relative's name, IC, relationship) (1)
- No (2)

Q28 Research Group Information

Q29 NIH Institute - Center*

- CC (1) ... Other (28)

Q30 Research Location:* 

- Baltimore, MD (1) ... Research Triangle Park, NC (8)

Q31 NIH Principal Investigator First Name (Given Name):*

Q32 NIH Principal Investigator Last Name (Family Name):*
Q33 NIH Principal Investigator Email Address:
______________________________________________________________

Q34 Name of Point of Contact (POC) in Research Group
______________________________________________________________

Q35 Type of Appointment:
  ○ Special Volunteer (1)
  ○ IRTA/CRTA (2)
  ○ Other, please specify (3) _______________________________________

Q36 Start Date: (mm/dd/yyyy)
______________________________________________________________

Q37 NTE Date: (mm/dd/yyyy)
Note: Can not exceed May 15th. If past May 15, please contact OITE.
______________________________________________________________

Q38 What is the trainee's tour of duty? If full time, indicate as full time.
If part time, please indicate days and hours -- Monday 1:00-4:00PM, Tuesday 8:00-10:00AM
______________________________________________________________

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Q39 Any additional information?