

Dietary Supplement Research Practicum: Application

OMB#: 0925-0740 Exp Date: 05/2020

Application

The application deadline is XXXday, Month XX, 2020, at 5 p.m. Eastern Time.

Public reporting burden for this collection of information is estimated to average 25 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 (0925-0740). Do not return the completed form to this address.

The Mary Frances Picciano Dietary Supplement Research Practicum will be held on June 10-12, 2020, in Bethesda, Maryland. Below you will find an application form for the practicum. Please fill out the following fields, which request contact information and descriptions of your background. There is no way of saving your application in progress, so you may want to compose your responses in a word processing program and plan to fill out the application and submit it in a single session.

You may wish to review the [Application & Selection](#) criteria for information about our admission criteria before preparing your application.

If you have any questions about applying, please send an email to ODSPracticum@mail.nih.gov.

Please note: All fields are required unless otherwise noted.

Contact Information

Salutation (optional)	<input type="text" value="Select Salutation"/>
First Name	<input type="text"/>
Last Name	<input type="text"/>
Suffix (optional)	<input type="text" value="Select Suffix"/>
Title or position	<p>Click or tap here to enter text.</p> <p>For example, Assistant Professor, Postdoctoral Research Associate, Registered Dietitian</p>
Mailing Address 1	<input type="text"/>
Mailing Address 2	<input type="text"/>

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Mailing Address 3	<input type="text"/>
City	<input type="text"/>
State or Province	(Required for U.S., Canada, Australia) <input type="text" value="Select State"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>

Phone Number	If you reside in the U.S., please include your area code with the telephone number, for example 301-555-5555. If you reside outside the U.S., please include your country code.	
	<input type="text"/>	Ext. <input type="text"/>

Affiliation (Institution/Company)	<input type="text"/>
Email	<input type="text"/>
Confirm Email	<input type="text"/> (Please re-type your email address here)

How did you hear about the practicum? (optional)	<input type="text" value="Select"/>
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Experience/Background

Please select the button that best describes your experience or employment status. You must be able to attend the entire practicum. Please do not apply if you cannot commit to participating for the entire two and a half days if accepted. Please check all that apply.

- I am a full-time assistant, associate, or full professor.
- I am a doctoral student, postdoc, or a fellow (as of September 2020).
- I am master's degree student in a recognized academic program or am attending medical, dental, or nursing school or a related non-doctoral-level professional program.
- I am a practicing health professional with at least a master's degree from a recognized academic program who works in either a healthcare, educational, or industrial setting or is self-employed.
- I am a part-time or adjunct faculty member at a recognized academic institution.
- I have attended the practicum before.

Previous Applications

Have you previously applied, but were not accepted, to attend the Mary Frances Picciano Dietary Supplement

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Research Practicum?

Yes No

If yes, please enter year:

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Curriculum Vitae/Resume

Please provide a copy of your CV or resume in PDF format.

Additional Information

Please use this box to provide any additional information you would like to share with the selection committee.
(500 characters or fewer)

Please do not use the following characters: < > ; & ^ # ~ ` | \.

NOTE: The following sections are required from master's degree and doctoral students, postdocs, and fellows only:

Personal Statement

Explain why this practicum is important to you in your career development or your work. Make your best case for attending this practicum.

(2,000 characters or fewer)

Please do not use the following characters: < > ; & ^ # ~ ` | \.

Confirmation of Enrollment Letter

Master's degree and doctoral students, postdocs, and fellows need to provide the email address of their department head or immediate supervisor to confirm enrollment status. Please enter in the box below.

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