

Review Form for NIH-Related Activities, Personal Capacity (Outside) Activities, or Awards for Trainees

FELLOW'S INFORMATION:

Name of Trainee:

IC:

Trainee's Status:

Office Street Address:

Building and Room:

City:

State:

Zip Code:

Office Phone Number:

Mobile Number:

NIH E-mail Address:

SUPERVISOR'S CONTACT INFORMATION:

Name of Supervisor:

Title:

Office Phone Number:

Mobile Number:

NIH E-mail Address:

NATURE OF ACTIVITY:

1. NIH-Related Activity (uncompensated):
2. Personal Capacity Activity, compensated (financial compensation not possible for VFs without consultation with DIS and exemption from DDIR):

If other, please specify:

3. Award:

If other, please specify:

NIH-RELATED ACTIVITY:

NOTE: Separate administrative approval may be required for travel outside of NIH.

Entity Name:

Date(s) of Activity:

Street Address:

City: State/Province: Zip Code:

Country (If other than U.S.A.):

Estimated Time involved:

Description of Activity:

Is travel outside NIH required?:

PERSONAL CAPACITY ACTIVITY:

Entity Name:

Date(s) of Activity:

Street Address:

City: State/Province: Zip Code:

Country (If other than U.S.A.):

Estimated Time involved:

Description of Activity:

Is activity compensated?

Compensation Amount in U.S. Dollars:

Award selection criteria:

Is travel outside NIH required?:

REVIEW AND SIGNATURES:

LAB/BRANCH CHIEF

I have discussed the NIH Guidelines for Trainees with _____, who is a _____ in my laboratory and approve of this activity.

Print Lab/Branch Chief's Name:

Lab/Branch Chief's Signature:

Date:

SCIENTIFIC DIRECTOR (if necessary)

I have reviewed and discussed the appropriateness of this activity with the trainee named in this document. I approve the request.

Print Scientific Director's Name:

Scientific Director's Signature:

Date:

DEC/EC (if necessary) for IC:

We have reviewed and approved this request. The form will be returned to the trainee to be included in his/her file. If I have any concerns with potential COI, I will contact the Agency Intramural Research Integrity Officer.

Print IC's DEC/EC's Name:

DEC/EC's Signature:

Date:

Office of Intramural Training & Education Ethics Review (if necessary)

I have reviewed the criteria for this award and find no conflicts for acceptance.

OITE Associate Director:

OITE Associate Director Signature:

Date: