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: State: Zip Code: City: 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:

11012. Separate darining ative approval may be requ	uired 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:		
Date(s) of Activity:	State/Province:	Zip Code:
Date(s) of Activity: Street Address:	State/Province:	Zip Code:
Date(s) of Activity: Street Address: City:	State/Province:	Zip Code:
Date(s) of Activity: Street Address: City: Country (If other than U.S.A.):	State/Province:	Zip Code:
Date(s) of Activity: Street Address: City: Country (If other than U.S.A.): Estimated Time involved:	State/Province:	Zip Code:

Funding Source:				
Time Commitment:	Hour(s)	Day(s)	Week(s)	
Is there a potential for conflict of	Interest?:			
If YES, please explain.				
Is travel required?:				
If YES, please explain arrangeme	nts.			
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If clinical practice, describe cred	entials and attach supp	olemental form for r	noonlighting.	
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WARDS* [Some awards wards wards only,			s!]:	
	review may be retrospee	erve.		
Entity Providing Award:				
Date(s) of Award Event:				
Street Address:				
City:	State/Pr	rovince:		Zip Code:
Country (If other than U.S.A.):				
Full Name of Award:				
If cash award, what is the amour	t in U.S. dollars?			

If no cash award, what is the nature of the award?

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 wit	th 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 return with potential COI, I will contact the Agency Intramural Research Integral.				
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 ac	cceptance.			
OITE Associate Director:				
OITE Associate Director Signature:	Date:			

Award selection criteria: