

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

Name of Trainee:

IC:

Trainee Status: IRTA CRTA VF

Office Address:

Street:

City:

State:

Zip:

NIH Phone:

Cell Phone:

E-mail:

Supervisor Contact Information

Supervisor:

Title:

Telephone:

Fax:

Cell Phone:

E-mail:

Nature of Activity

1. NIH-Related Activity (uncompensated):

- Speaking Writing
- Professional Society Activity Scientific Collaborations

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

- Teaching Clinical Practice Data Safety Boards Speaking
- Other

3. Award:

- Meeting (regularly given) Meeting (on the spot) Professional Society
- Other

NIH-Related Activity

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

Entity Name:

Date(s) of Activity:

Street:

City:

State:

Zip:

Description of Activity:

Duration of Activity:

Is travel outside NIH required? YES NO

Personal Capacity Activity

Entity Name:

Date(s) of Activity:

Street:

City:

State:

Zip:

Description of Activity:

Is activity compensated? YES NO Compensation Amount:

Funding source:

Time commitment: ___hrs___day___weeks

Start date:

End date:

Is there a potential for conflict of interest? YES NO

If YES, please explain.

Is travel required? YES NO

If YES, please explain arrangements.

If clinical practice, describe credentials and attach supplemental form for moonlighting.

Awards* [Some awards will have income tax consequences!]

**For on-the-spot meeting awards only, review may be retrospective*

Entity Providing Award:

Date(s) of Award Event:

Street:

City:

State:

Zip:

Full Name of Award:

If cash award, what is the amount?

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

Award selection criteria:

Is travel outside NIH required? YES NO

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.

Name: _____ Date: _____

Signature:

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.

Name: _____ Date: _____

Signature:

DEC/EC for _____ (if necessary)

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 Senior Scientific Advisor in the NEO.

Name: _____ Date: _____

Signature:

NEO Sr. Scientific Advisor (if necessary)

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

Name: Melissa C. Colbert, PhD

Signature:

Date: