

The NIH Sexual and Gender Minority Health Research Regional Workshop Registration

Registration Deadline: July 8, 2022 OMB Number: 0925-0740 Exp Date: 07/31/2022 Public reporting burden for this collection of information is estimated to average 5-minutes per submission. 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 0925-0648. Do not return the completed form to this address. Please note: Only fields with an * are required unless otherwise noted.

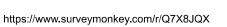
* 1. First Name		
* 2. Last Name		

3. Pronouns

The NIH Sexual and Gender Minority Health Research Regional Workshop Registrat
* 4. Email
* 5. Phone Number (Enter a valid U.S. or International number format)
6. Degree
None
O Ph.D.
O Pharm.D.
O Dr.P.H.
O Dr.Ed.
O D.D.S.
○ M.P.H
○ M.P.P.
○ M.H.S.
○ M.S.
○ M.S.N.

	The NIH Sexual and Gender Minority Health Research	Regional	Workshop	Registra
\subset	M.S.W.			
\subset	M.S.P.H.			
\subset	M.Ed.			
\subset	M.D.			
\subset	D.O.			
\subset	M.B.A.			
\subset	M.A.			
\subset	J.D.			
\subset	D.V.M.			
\subset	D.Sc.			
\subset	B.S.N.			
\subset	B.S.			
\subset	B.A.			
\subset	A.A.			
\subset	Other			

7. Other Degree (Please specify):





8. Years sin	ce you completed most recent degree	
<u> </u>		
3-5		
<u> </u>		
○ 10 or m	ore	
9. Organiza	tion	
		_
* 10. Addre	SS	
Address		
Address 2		
City/Town		
State/Provi nce		
ZIP/Postal Code		
11. Are you	currently supported by NIH funding?	
O Yes		
○ No		

○ N/A (NIH Staff)

The NIH Sexual and Gender Minority Health Research Regional Workshop Registration
12. If yes, what type of NIH funding do you currently have?
○ R-Series
○ K-Series
○ F-Series
Other
13. If other, please specify:
14. If yes, what is your role on the NIH grant(s) that support your salary? (all that apply)
☐ PI/Co-PI
Co-Investigator
Consultant
Mentor
Other research role
Other
15. Other (please specify):

NCCAM

☐ NCI		
NCMHD		
NCRR		
☐ NEI		
NHGRI		
NHLBI		
NIA		
NIAAA		
NIAID		
NIAMS		
NIBIB		
NICHD		
NIDA		
NIDCD		
NIDCR		
NIDDK		
NIEHS		
NIGMS		
NIMH		
NIMHD		

Done

Invited Presenter or Moderator

NIH Representative

Powered by



See how easy it is to <u>create a survey</u>.

Privacy & Cookie Notice