

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

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* 1. First Name

* 2. Last Name

3. Pronouns

* 4. Email

* 5. Phone Number (Enter a valid U.S. or International number format)

6. Degree

☐ None

☐ Ph.D.

☐ Pharm.D.

☐ Dr.P.H.

☐ Dr.Ed.

☐ D.D.S.

☐ M.P.H

☐ M.P.P.

☐ M.H.S.

☐ M.S.

☐ M.S.N.

☐ M.S.W.

☐ M.S.P.H.

☐ M.Ed.

☐ M.D.

☐ D.O.

☐ M.B.A.

☐ M.A.

☐ J.D.

☐ D.V.M.

☐ D.Sc.

☐ B.S.N.

☐ B.S.

☐ B.A.

☐ A.A.

☐ Other

7. Other Degree (Please specify):

8. Years since you completed most recent degree

- ☐ 1-2
- ☐ 3-5
- ☐ 5-10
- ☐ 10 or more

9. Organization

* 10. Address

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

11. Are you currently supported by NIH funding?

- ☐ Yes
- ☐ No
- ☐ N/A (NIH Staff)

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):

16. Do you plan to submit a new application for NIH funding?

- ☐ Yes, within the next 1-2 years
- ☐ Yes, more than 2 years from now
- ☐ No
- ☐ N/A (NIH Staff)

17. If yes, what type of NIH funding are you considering?

- ☐ R-Series
- ☐ F-Series
- ☐ K-Series
- ☐ Other

18. Other (please specify):

19. Which of these NIH institutes and centers do you plan to apply to or currently receive funding from? (all that apply)

- ☐ FIC
- ☐ NCCAM

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

☐ NINR☐ NINDS☐ NLM☐ OSC - Common Fund

20. Describe your area of research.

21. Describe your populations of interest.

22. Type of registration requested for this workshop.

☐ Student☐ Postdoc☐ Research Investigator☐ Invited Presenter or Moderator☐ NIH Representative

Done

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