



Topic	Diversity Supplement Professional Development and Networking Workshop 2023
Description	<p>Survey Burden Statement</p> <p>OMB Control Number: 0925-0740</p> <p>Expiration Date: 09/2025</p> <p>Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current 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 (0925-0740). Do not return the completed form to this address.</p> <p>Workshop Goal: To provide networking opportunities and information, guidance, and professional development advice on NIH research priorities and research funding opportunities that will assist diversity supplement recipients in the transition to independent NIH grant support.</p> <p>Note: As a scholar you are required to submit a poster (Presenting and submitting posters are OPTIONAL for undergraduate and postbaccalaureate" scholars), please go to the "Poster Submission" tab to submit your abstract and poster. Please submit the abstract and poster information by, Tuesday August 1, 2023.</p> <p>*Poster presentations for postbaccalaureate scholars may be required for some NIH Institutes. Additional information about the poster presentations can be found in the invitation email.</p>
Time	<p>Aug 29, 2023 11:00 AM</p> <p>Aug 30, 2023 11:00 AM</p> <p>Time shows in Eastern Time (US and Canada)</p>

First Name*	Last Name*
<input type="text"/>	<input type="text"/>
Email Address*	Confirm Email Address*
<input type="text"/>	<input type="text"/>

University, or Government*	What is your current career stage?*
<input type="text"/>	<div>Choose One...<div></div></div>
If you selected "government employee" above, please indicate your affiliated IC.	Which NIH Institute issued your diversity supplement?*
<div>Choose One...<div></div></div>	<div>Choose One...<div></div></div>
If you are a diversity supplement recipient, please answer the following questions. Provide your interest level in learning more about: NIH grants, fellowships, and career development awards.	Provide your interest level in learning more about: Small Business Innovation Research (SBIR) and Technology Transfer (STTR) Program related topics.
<div>Choose One...<div></div></div>	<div>Choose One...<div></div></div>
Provide your interest level in learning more about: Entrepreneurship and Innovation.	Provide your interest level in learning more about: NIH review process.
<div>Choose One...<div></div></div>	<div>Choose One...<div></div></div>
Provide your interest level in learning more about: NIH Loan Repayment Program.	Provide your interest level in learning more about: NIH Early Career Reviewer Program.
<div>Choose One...<div></div></div>	<div>Choose One...<div></div></div>
Provide your interest level in learning more about: Grant Writing Strategies.	Provide your interest level in learning more about: Grant Resubmission Strategies.
<div>Choose One...<div></div></div>	<div>Choose One...<div></div></div>
Provide your interest level in learning more about: Networking with other scholars.	Provide your interest level in learning more about: Time to network with other Scholars.
<div>Choose One...<div></div></div>	<div>Choose One...<div></div></div>
Provide your interest level in learning more about: Meet with Program Officers, PIs from universities, other NIH staff.	List any Program Officers, PIs or any other NIH staff that you would like to meet.
<div>Choose One...<div></div></div>	<input type="text"/>
Would you prefer live captioning? *	Do you require an American Sign Language interpreter? *
<div>Choose One...<div></div></div>	<div>Choose One...<div></div></div>
Will you be requesting any other reasonable accommodations? If so, please list them here. *	
<input type="text"/>	

* Required information

Information you provide when registering will be shared with the [account owner](#) and host and can be used and shared by them in accordance with their [Terms and Privacy Policy](#).

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