

# NOT-OD-24-001: Administrative Supplement to Recognize Excellence in Diversity, Equity, Inclusion, and Accessibility Mentorship

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Date & Time	Dec 11, 2023 01:30 PM in Eastern Time (US and Canada)
Description	<p>The webinar will provide prospective applicants the opportunity to understand and ask questions on the scientific scope of this NOFO and technical details for applying. The webinar will be open to all prospective applicants. Participation in the webinar, although encouraged, is optional and is not required for the submission of an application. However, prospective applicants will need to register in order to participate. Prospective applicants are also encouraged to submit their questions regarding the NOSI in advance of the webinar by sending an email to <a href="mailto:COSWDevents@nih.gov">COSWDevents@nih.gov</a>.</p> <p>This webinar will be recorded and a video with captioning will be available after the event, and slides will be posted on the COSWD website following the webinar:</p> <p><a href="https://diversity.nih.gov/sustaining-diversity/deia-mentorship-supplements">https://diversity.nih.gov/sustaining-diversity/deia-mentorship-supplements</a>.</p> <p>OMB No.: 0925-0740 Expiration Date: 9/30/2025</p> <p>Public reporting burden for this collection of information is estimated to average 2 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 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 (0925-0740). Do not return the completed form to this address.</p>

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## Webinar Registration

**First Name\***

First Name

**Last Name\***

Last Name

**Email Address\***

join@company.com

**State/Province\***

Select state/province



**Job Title\***

Your job title

**Institution\***

**If you have any advance questions, please type them in the text box below.**

**This event will include closed captioning. Sign language interpreting services and other reasonable accommodations are available upon request. Please describe any reasonable accommodations you need to fully participate in this event.**

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