LOGIN SCREEN



Welcome to IMS

Update:

Beginning on October 1, 2015, NCNR staff and facility users will be required to complete the NCNR Safety Awareness training presentation. Once you have logged into your IMS account, go to the "User Activities" menu and click "Online Training for NCNR Facility Users" to begin this training.

**IMPORTANT NEWS **

All visitors who plan to travel to the NCNR by personal car or rental car must provide evidence that the car is properly registered with the appropriate US state upon request. Vehicles without proof of US state registration will not be allowed into NIST. Visitors driving rental cars can show their rental agreement in lieu of vehicle registration.

OMB Control #: 0693-0081

Expiration Date: 12/31/2024 (Renewal in Process)

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WARNINGWARNING**WARNING**WARNING**

You are accessing a U.S. Government information system, which includes: 1)this computer, 2) this computer network, 3) all computers connected to this network, and 4) all devices and storage media attached to this network or to a computer on this network. You understand and consent to the following: you may access this information system for authorized use only; you have no reasonable expectation of privacy regarding any communication of data transiting or stored on this information system; at any time and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communications or data transiting or stored on this information system; and any communication system; and any communication or data transiting or stored on this information system; and any communication system; and any communication or data transiting or stored on this information system; and the system an

WARNINGWARNING**WARNING**WARNING**

Click here to login with the ORCiD credentials if you have linked your IMS account with the ORCiD.

OR

Enter the E-mail Address and Password below to login using the IMS Credentials.

 E-mail address:
 Forgot Username?

 Password:
 Forgot Password?

Login

Don't have an NCNR-IMS account? Sign up

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is requesting the information on this form.

AUTHORITY: The National Institute of Standards and Technology Act, as amended, 15 U.S.C. 271 et seq. (which includes Title 15 U.S.C. 272) and section 12 of the Stevenson-Wydler Technology Innovation Act of 1980, as amended, 15 U.S.C. 3710a. 27 Stat. 395 and 31 Issue 15 Islat. 1039, and all existing, applicable NIST and Department policies, regulations and directives concerning the tracking, security processing, and support of NAs during their fenure at NIST.

PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical proferies of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

ROUTINE USES: NIST will use this information to conduct necessary government business for the processing of applicants to gain entry into the NIST NCNR Facility. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 522a) to be shared among NIST staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices: NIST 5: Nuclear Reactor Operator Licensees File; NIST 1: NIST Associates (this has a special section for Facility User Records for NCNR); DEPT. 25: Access Control and Identity Management System.

System of records notices can be found here: https://www.commerce.gov/opog/privacy/SORN

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST NNCF Facility. The failure to provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated.

CREATE ACCOUNT



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WARNINGWARNING**WARNING**

Create New User Account

Please complete the form below to create a new account on the NCNR IMS system. When you press the 'Create New Account' button an e-mail containing information on how to activate your new account will be sent to the e-mail address you have provided.

User name (e-mail address):	
	For requirements on selecting a password, click here.
Password:	
Confirm password:	
Prefix:	~
First name:	
Middle name:	
Last name:	
Suffix:	

Create New Account

Click here to go to the login page.

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CREATE ACCOUNT > PREFIX DROP DOWN

NIST Center for Neutron Research



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User name (e-mail address):		
	For requirements on selecting a passwo	ord, click <u>here</u> .
Password:		
Confirm password:		
Prefix:	~	
First name:		
Middle name:	Dr	
Last name:	Miss	
Suffix:	Mr	
	Mrs	
	Ms	N A
	Professor	eate New Account
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ACTIVATE ACCOUNT



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WARNINGWARNING**WARNING** **WARNING**WARNING** **WARNING*** **WARNING** **WARNING*** **WARNING** *				
	Activate Account			
	Please provide the information below to activate your account.			
Job type:	V			
Job title:	v			
Citizenship:	V			
Permanent Resident/Green Card Holder	Yes O No O			
Local contact :	v			
Affiliation:				
	Please enter at least 5 characters, and then select your affiliation from the generated list. Note: If the affiliation is not part of the drop down list, please enter the complete affiliation name and then select the affiliation name, from the generated drop down list.			
	Emergency Contact Information			
This information will be extremely important in the event of an accident or medical emergency.				
First Name:				
Last Name:				
Relationship:				
Telephone No.:				
	Activate			

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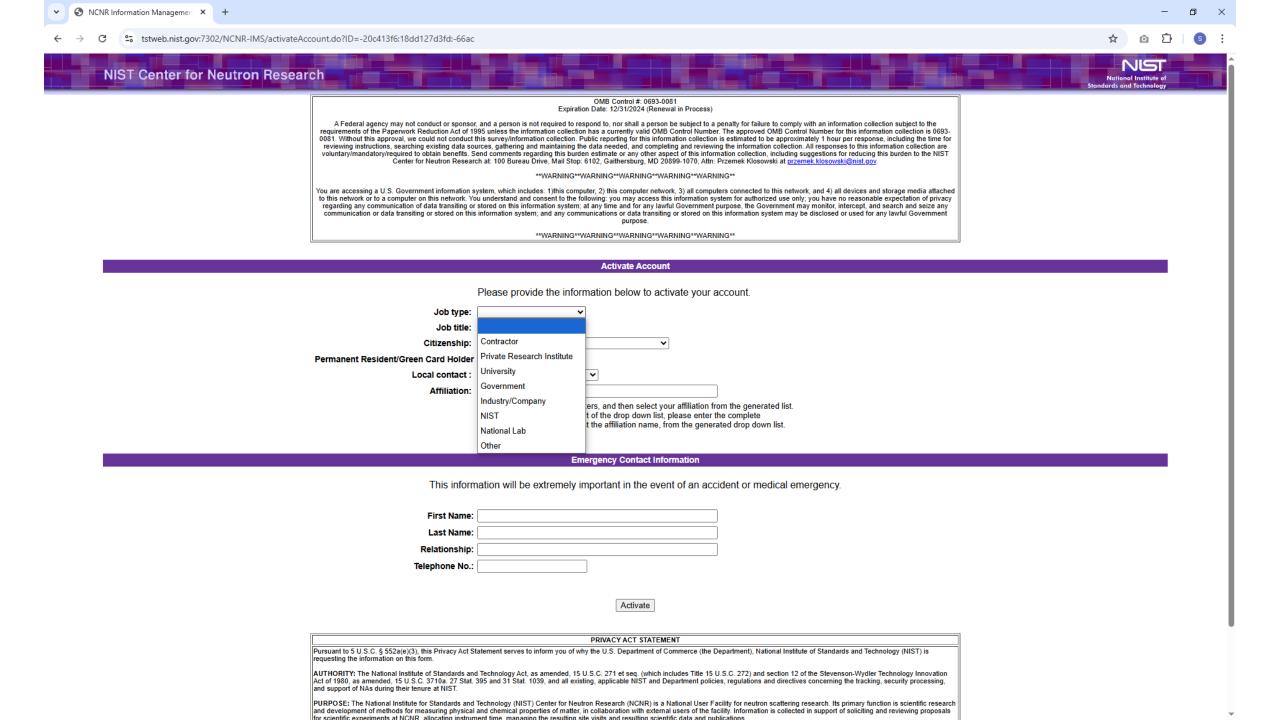
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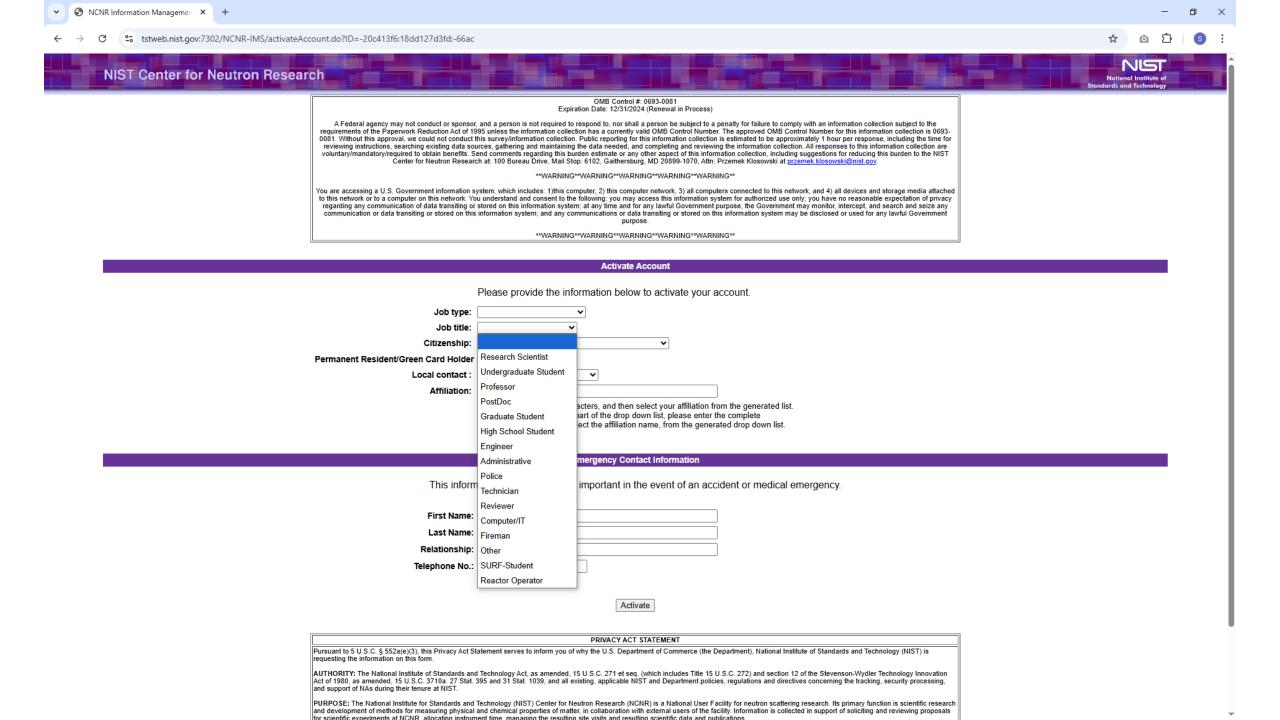
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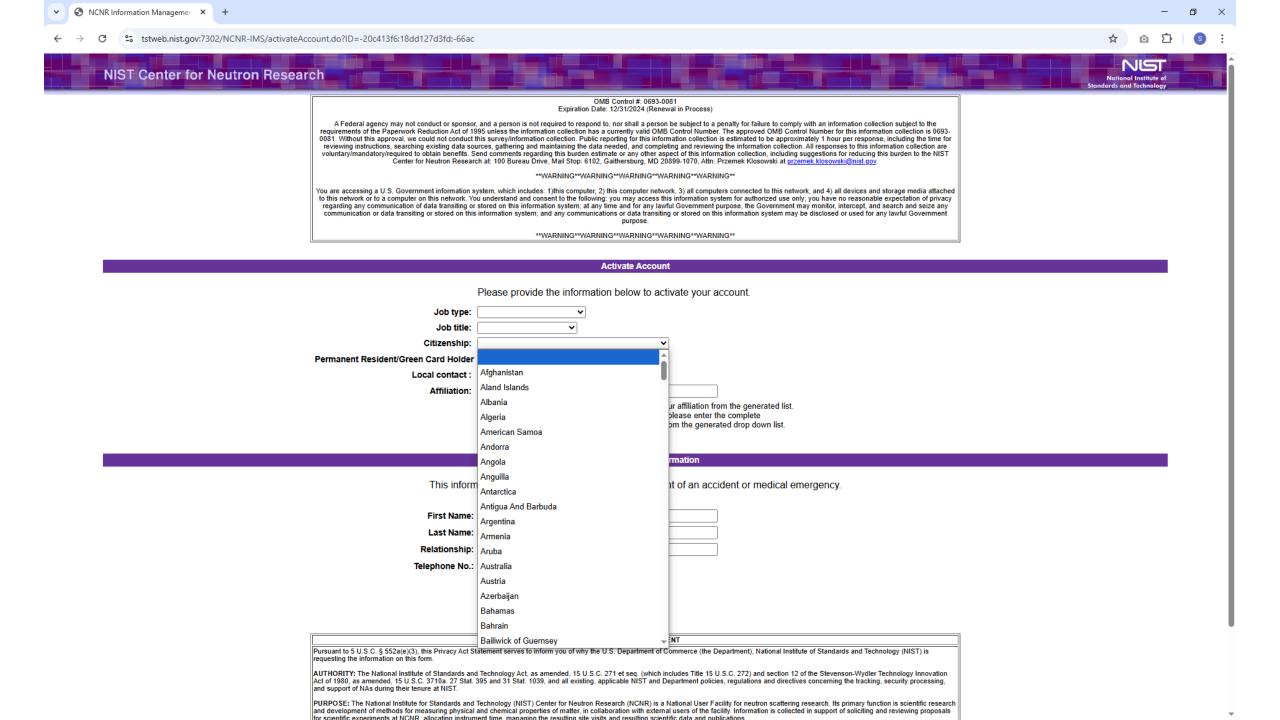
ACTIVATE ACCOUNT > JOB TYPE DROP DOWN

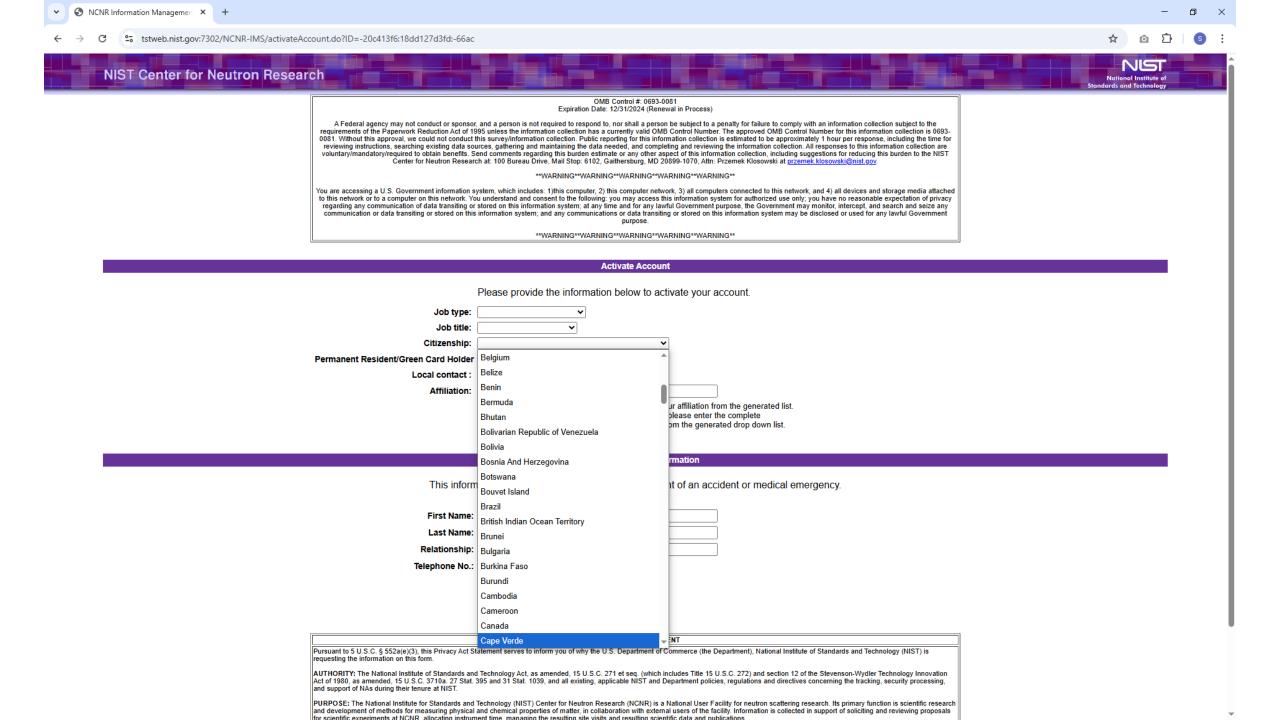


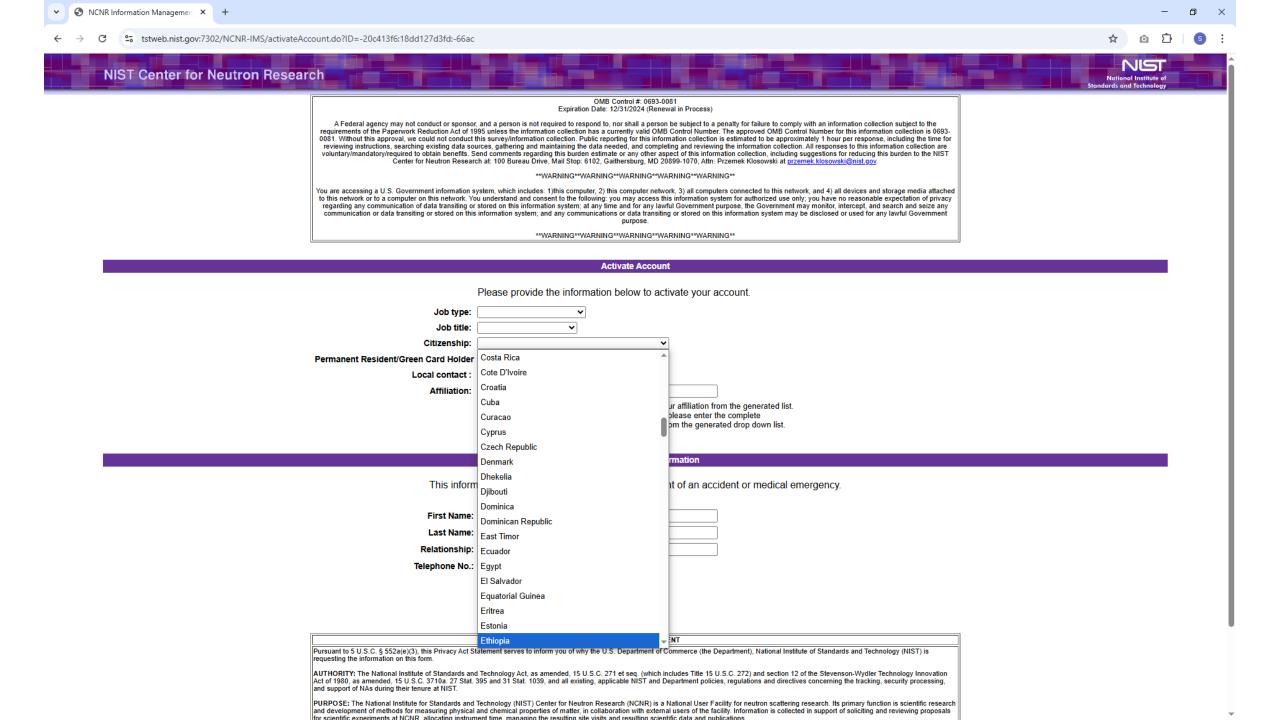
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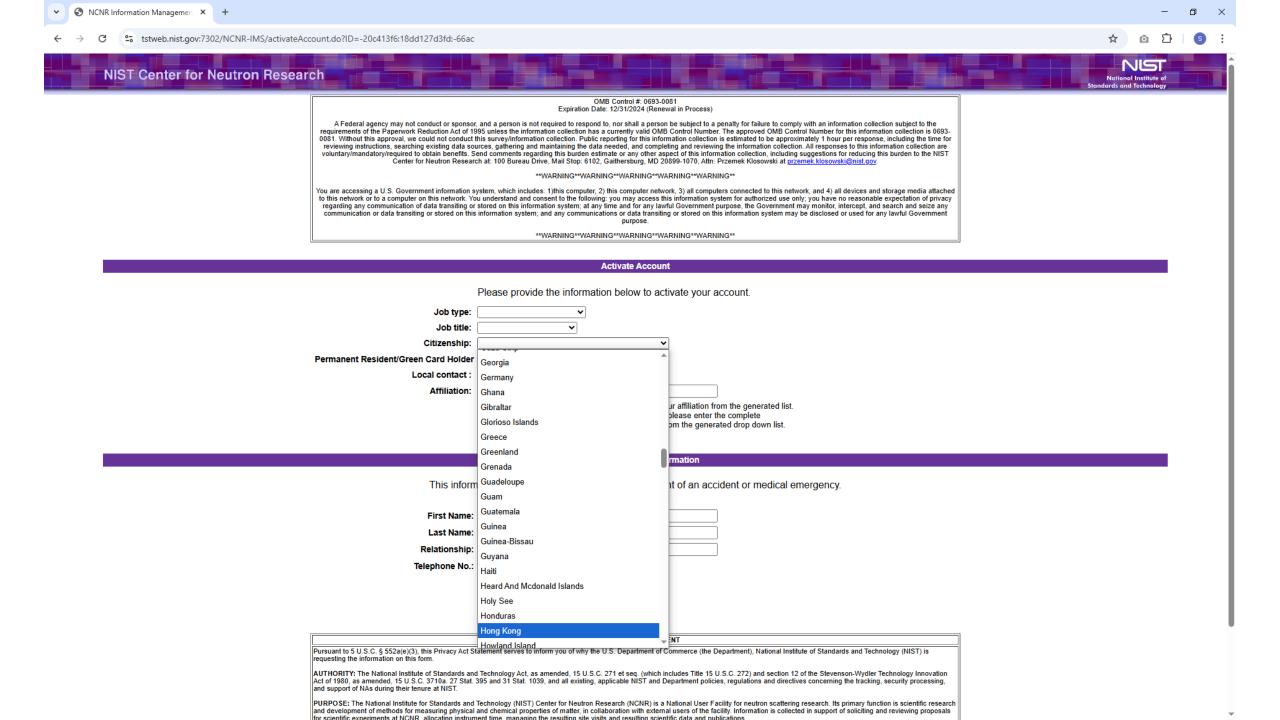


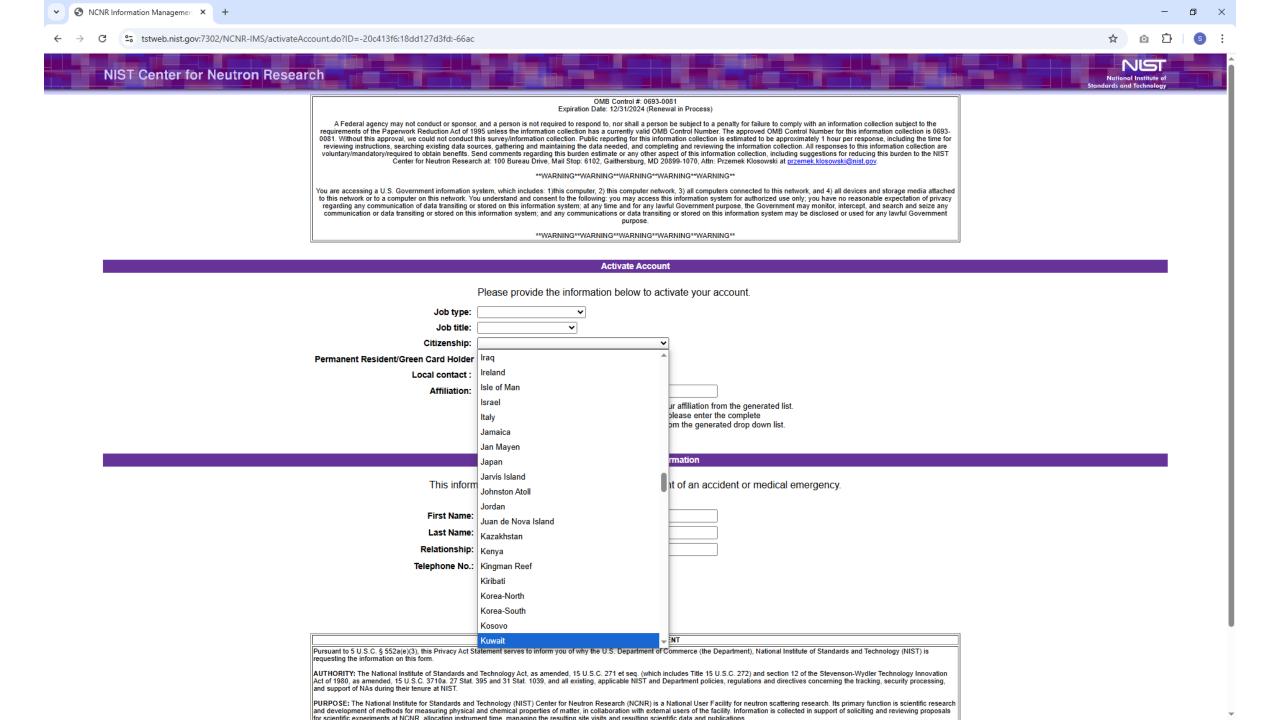
ACTIVATE ACCOUNT > CITIZENSHIP DROP DOWN

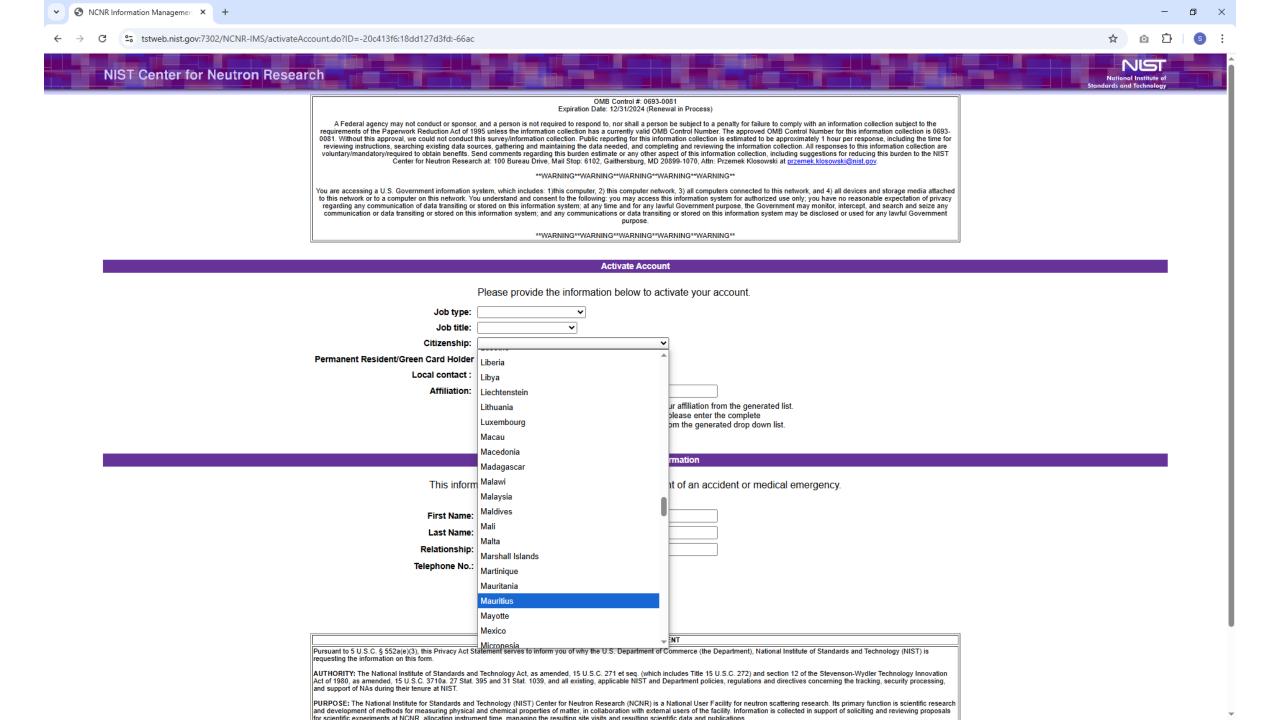


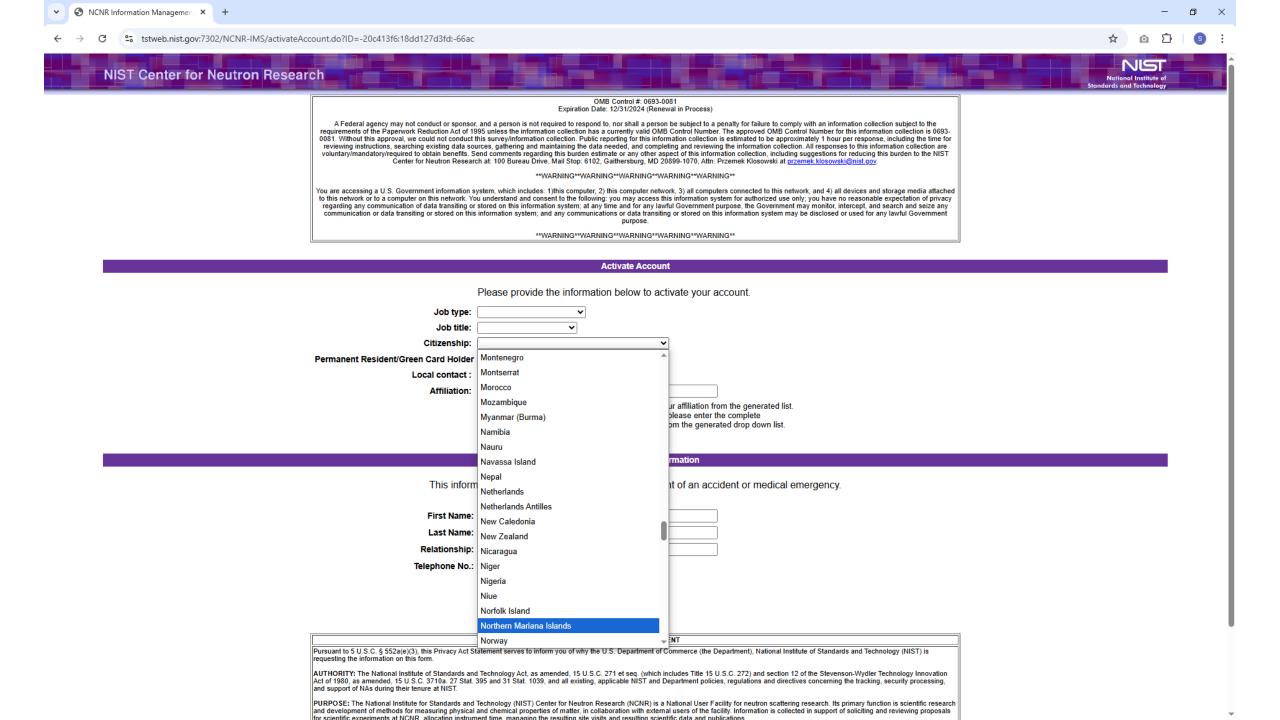


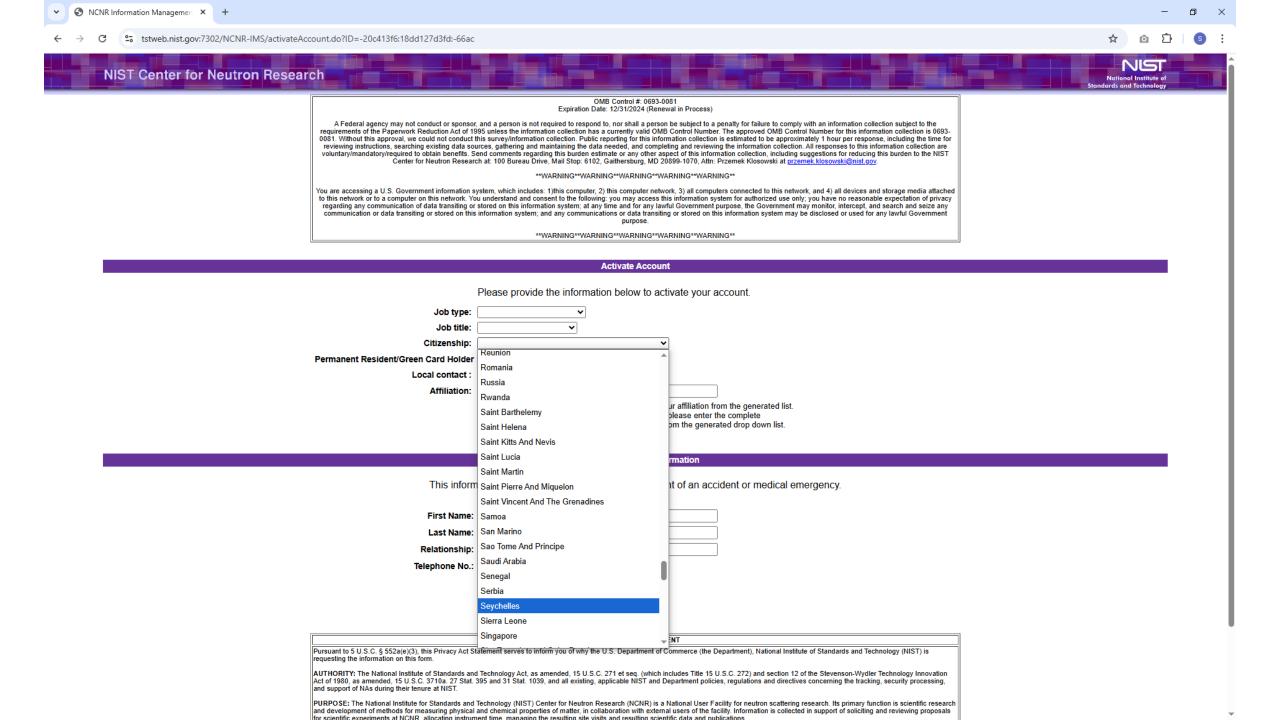


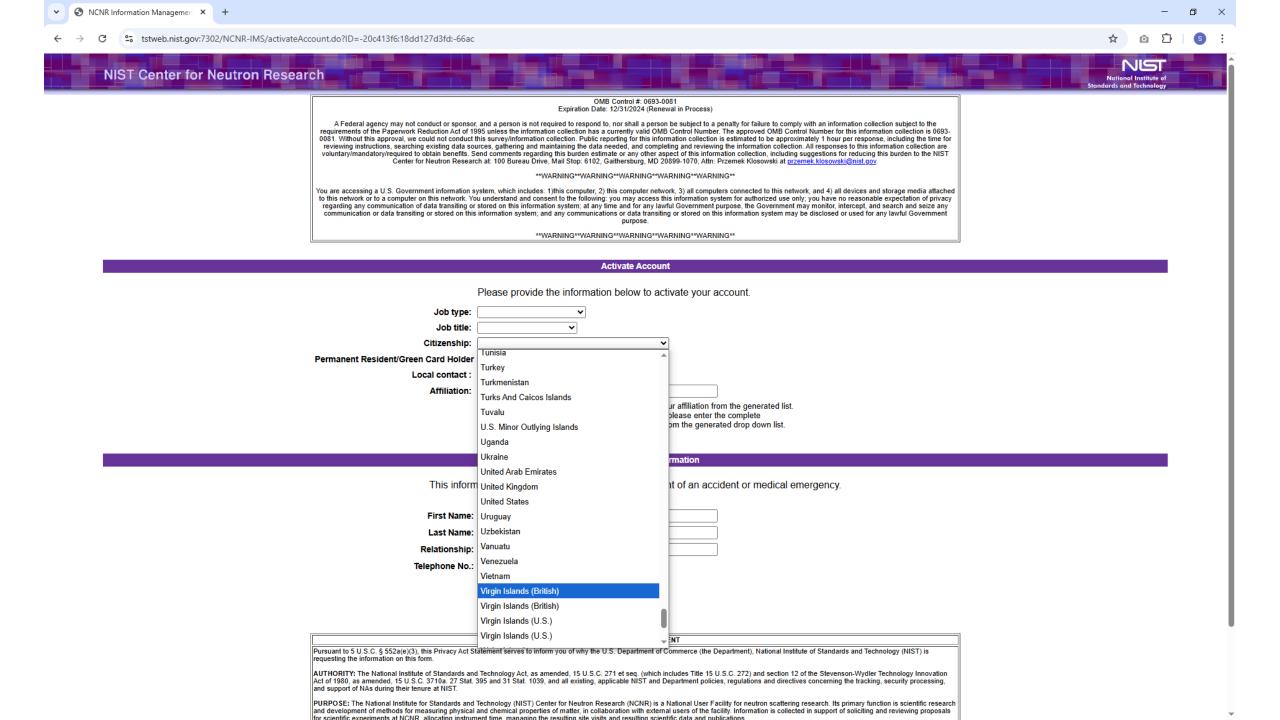


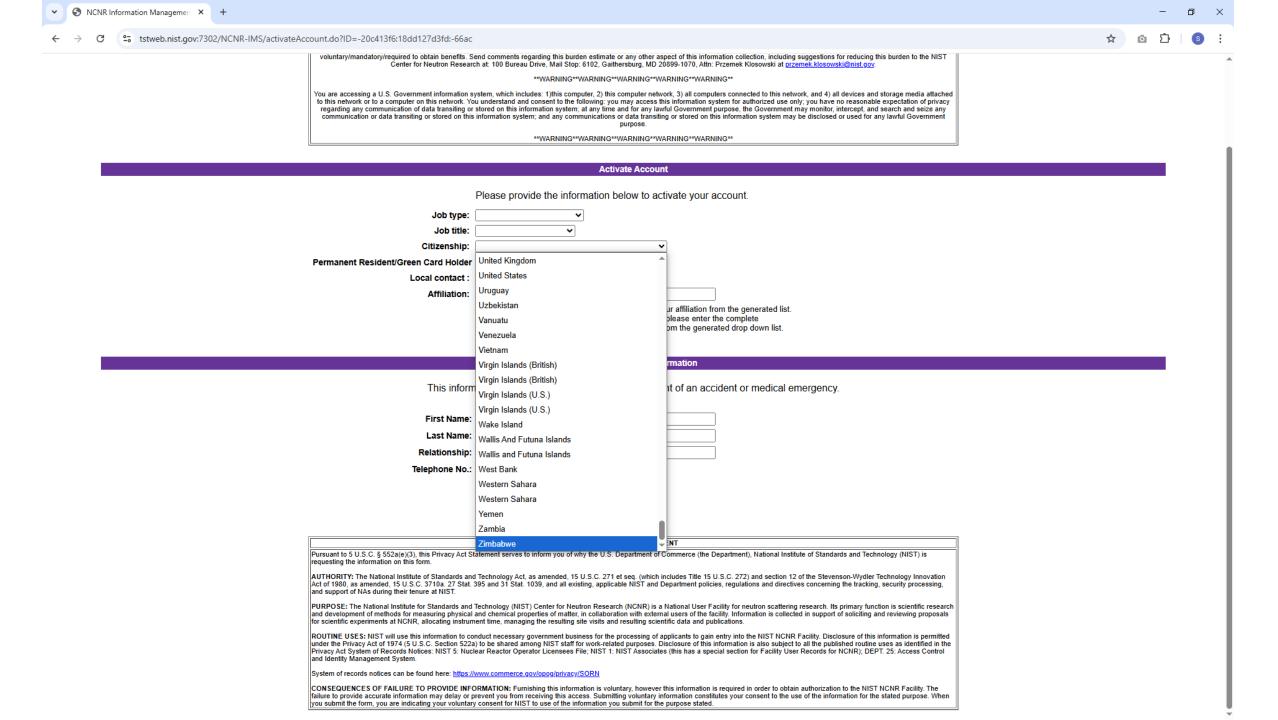




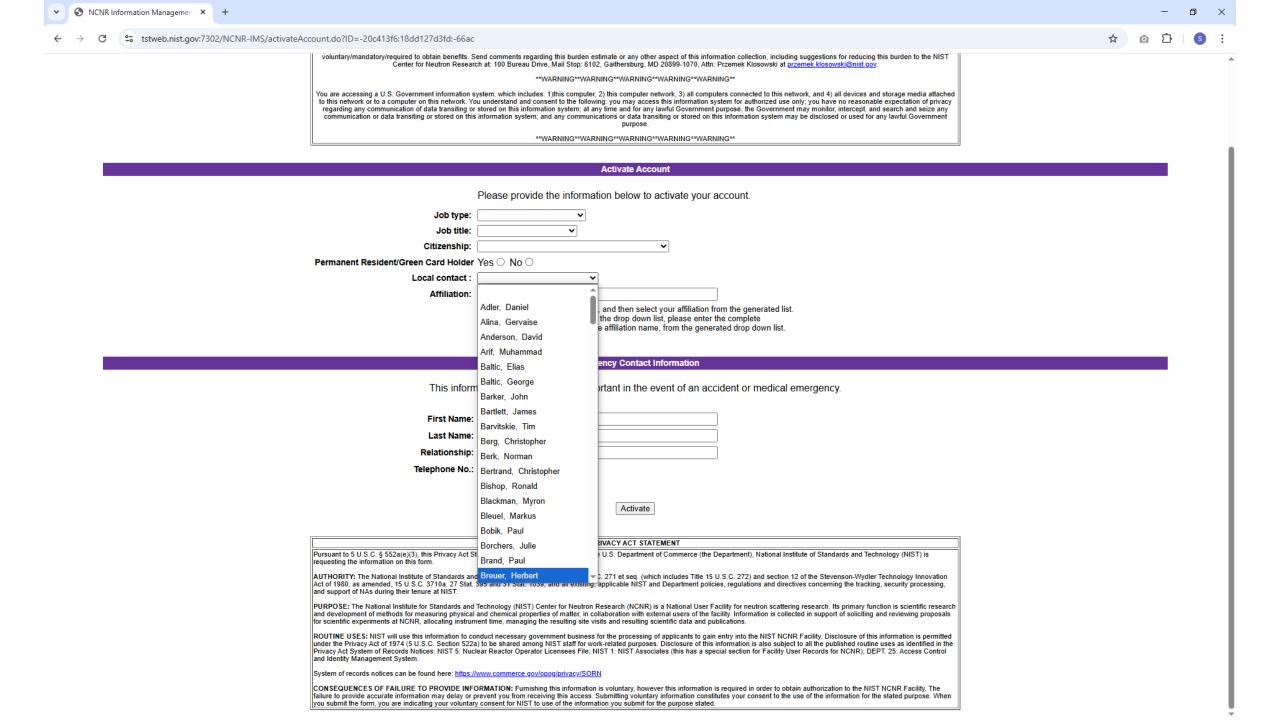


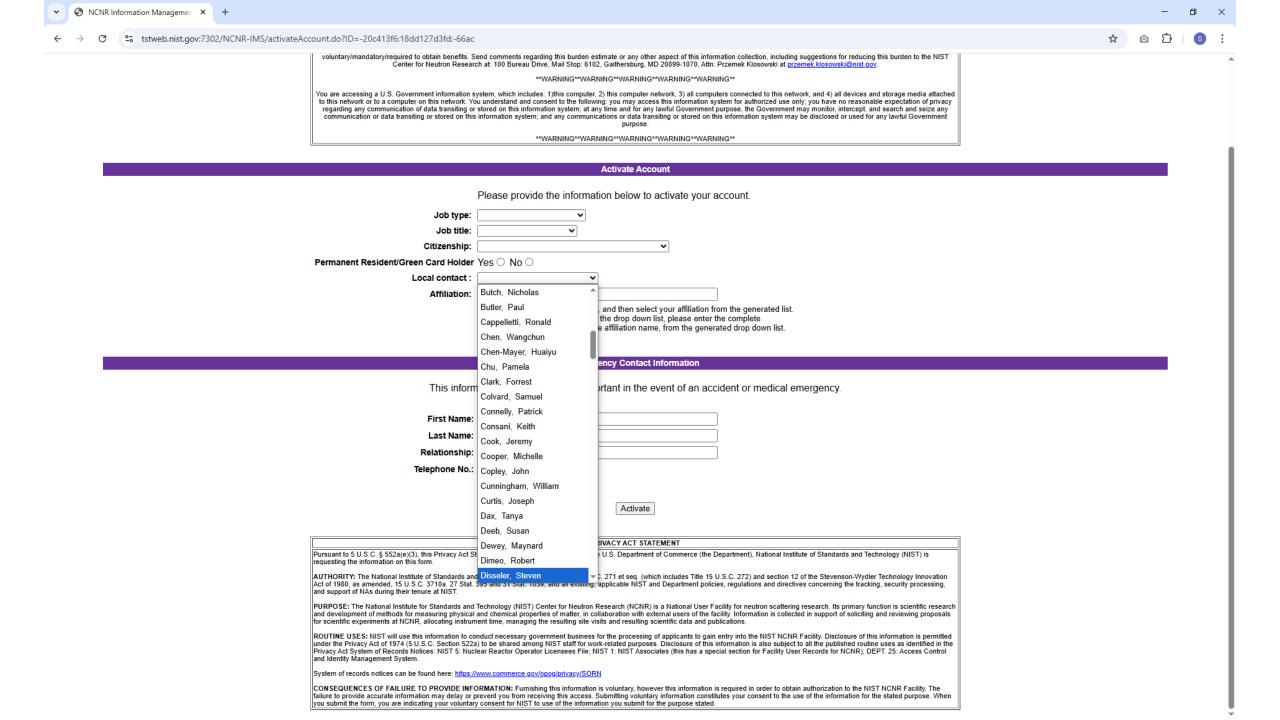


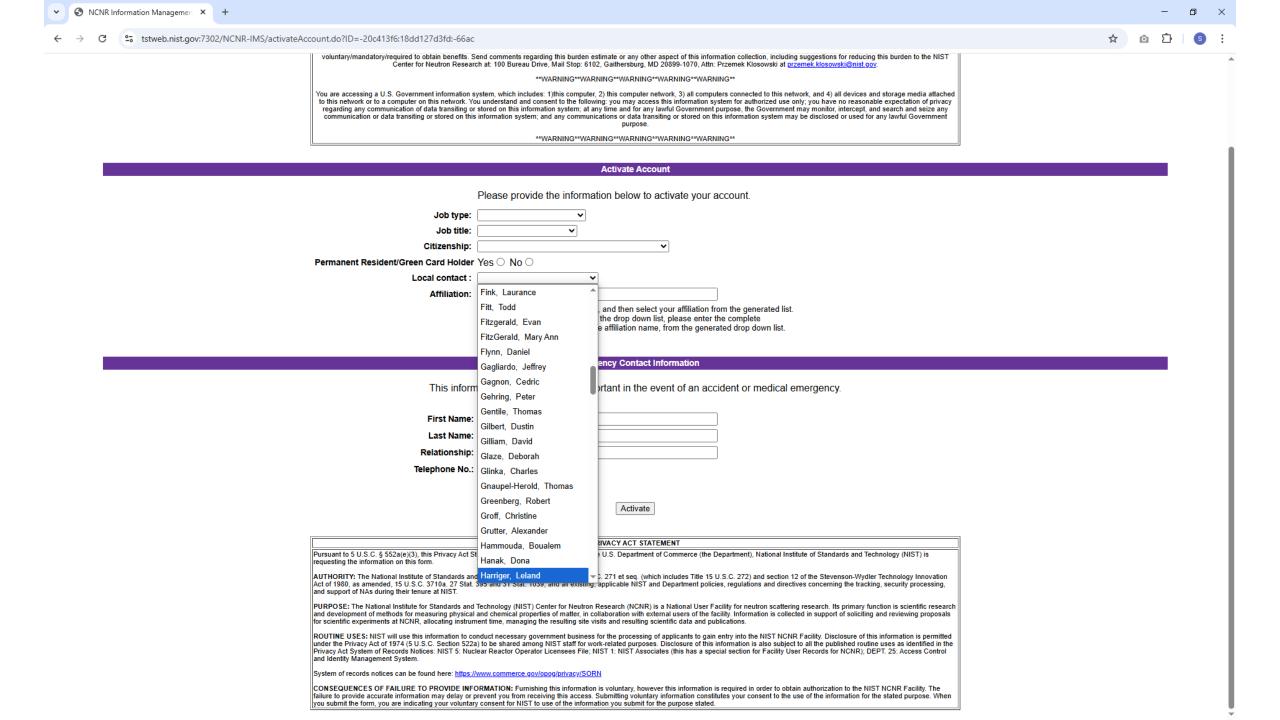


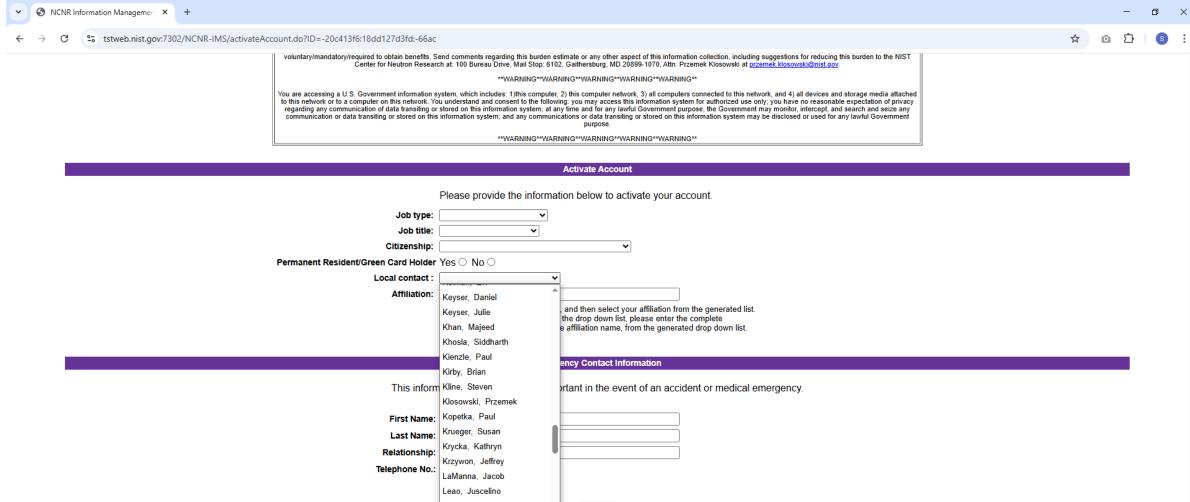


ACTIVATE ACCOUNT > LOCAL CONTACT DROP DOWN

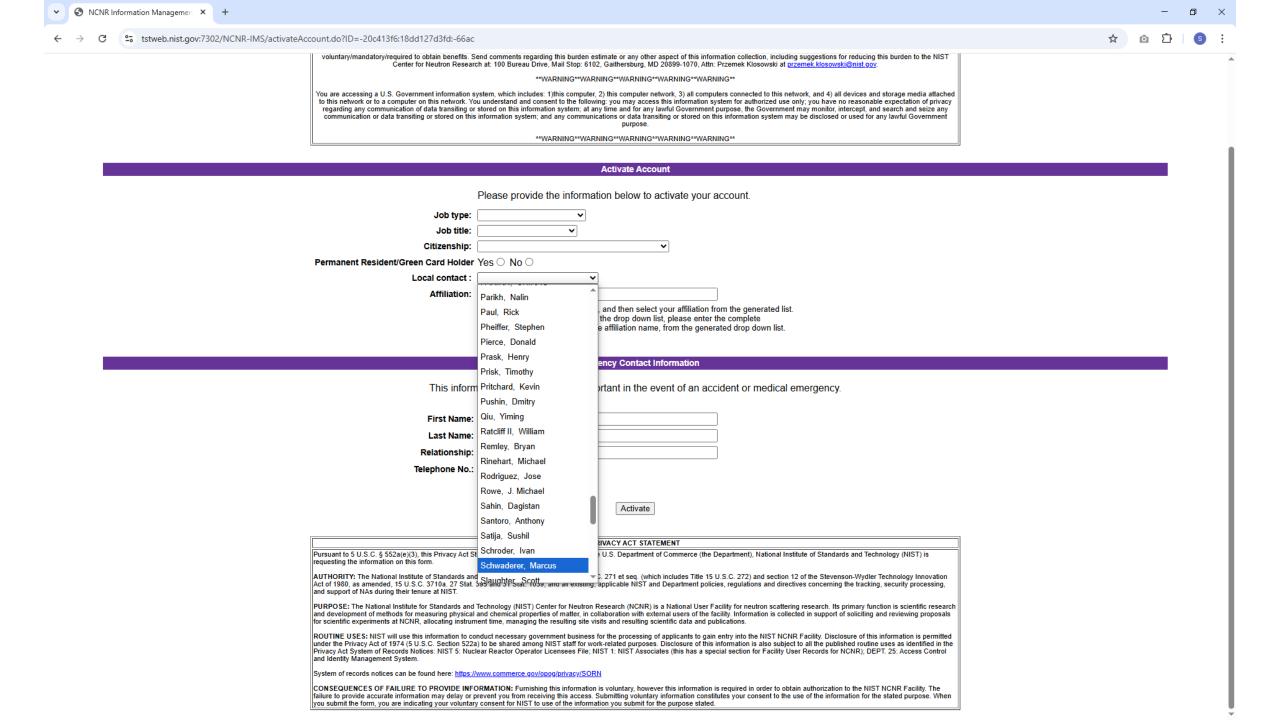


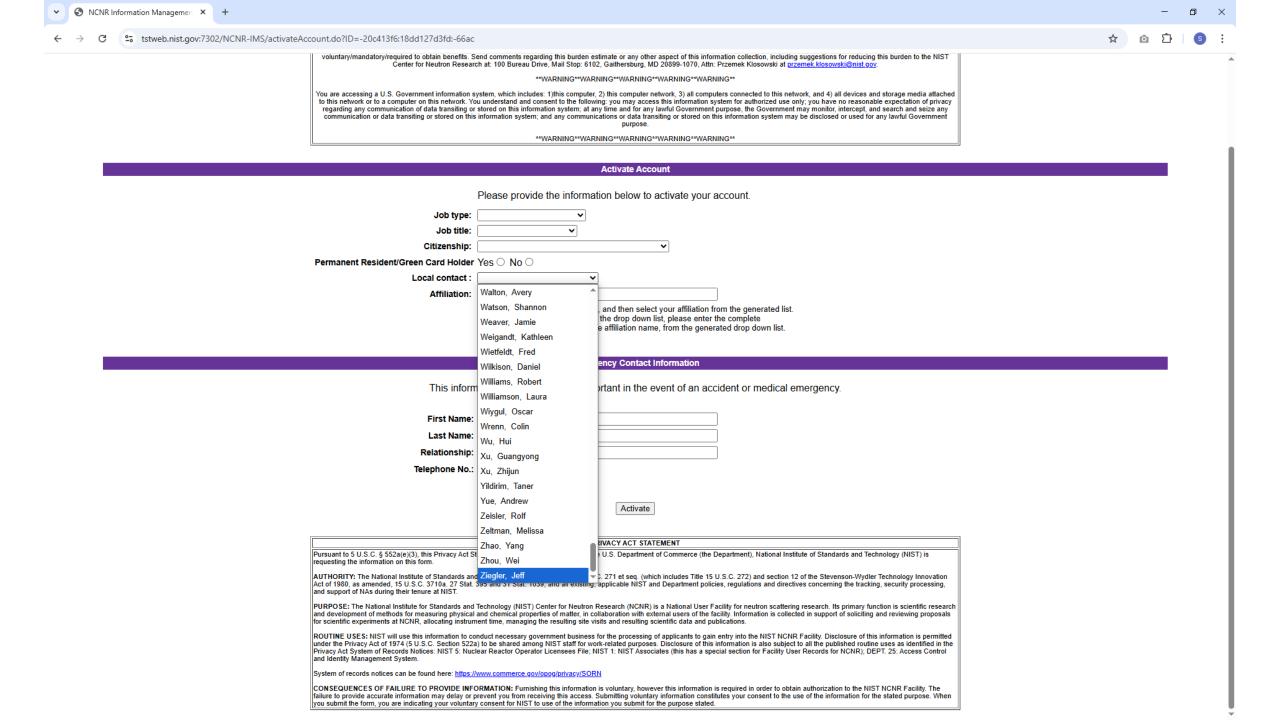






Lindstrom, Richard Activate Liposky, Paul Liu. Yun IVACY ACT STATEMENT Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act St Lynn, Jeffrey U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is requesting the information on this form. MacDavid, Samuel AUTHORITY: The National Institute of Standards and Maikrak Charles and an existing applicable NIST and Department policies, regulations and directives concerning the tracking, security processing, b. 271 et seg. (which includes Title 15 U.S.C. 272) and section 12 of the Stevenson-Wydler Technology Innovation and support of NAs during their tenure at NIST. PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments at NCNR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications. ROUTINE USES: NIST will use this information to conduct necessary government business for the processing of applicants to gain entry into the NIST NCNR Facility. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 522a) to be shared among NIST staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices: NIST 5. Nuclear Reactor Operator Licensees File; NIST 1: NIST Associates (this has a special section for Facility User Records for NCNR); DEPT. 25. Access Control and Identity Management System. System of records notices can be found here: https://www.commerce.gov/opog/privacy/SORN CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST NCNR Facility. The failure to provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated.





SUMMER SCHOOL APPLICATION

Instruments

31st NCNR/CHRNS School on Method and Applications of Neutron Spectroscopy Application

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Home

This application form is for those who are planning to attend the 31st CHRNS School on "Method and Applications of Neutron Spectroscopy". Please fill in the information requested below. Mandatory fields are indicated by

Application Deadline: 23:59:59 PM EDT, March 31, 2025

	Personal Information	
* E-mail Address		
ORCID#		
Title		
* Surname		
* Given Name		
* Street Address		
*City		
* State		
*Zip		
* Country	United States	
* Daytime Telephone		
*Evening Telephone		
Den	nographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	○ Male ○ Female ○ Prefer not to answer	
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Lalino Middle Eastern or North African Native Havasian or Pacifican Islander Withde	
	Professional Information	
* Institution		
* Department		
* Professional Status		
If Other, please specify		
If Student or Post-Doc or Other, please give the name of your Principal Advisor		
*Area of Research		
If Other, please specify		
Have previous neutron experience?*	○ Yes ○ No	
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:		
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:		
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:		
Please order the techniques based on your interest (1: most interested ? 5: least interested): Back Scattering (HFBS)*:		
Please order the techniques based on your interest (1: most interested ? 5: least interested): Neutron Spin Echo (NSE):		
"Briefly describe your research, and how neutron scattering is applicable to your project. Briefly describe why you want to affect the course, including what you want to some from it, include a summary datement that successfully assents the question "Why should you be selected for the school?" (2000 characters max).		
* Would like to be considered for financial assistance?	V	
Submit Application		

SUMMER SCHOOL APPLICATION > TITLE DROP DOWN



This application form is for those who are planning to attend the 31st CHRNS School on "Method and Applications of Neutron Spectroscopy". Please fill in the information requested below. Mandatory fields are indicated by *.

Application Deadline: 23:59:59 PM EDT, March 3, 2025

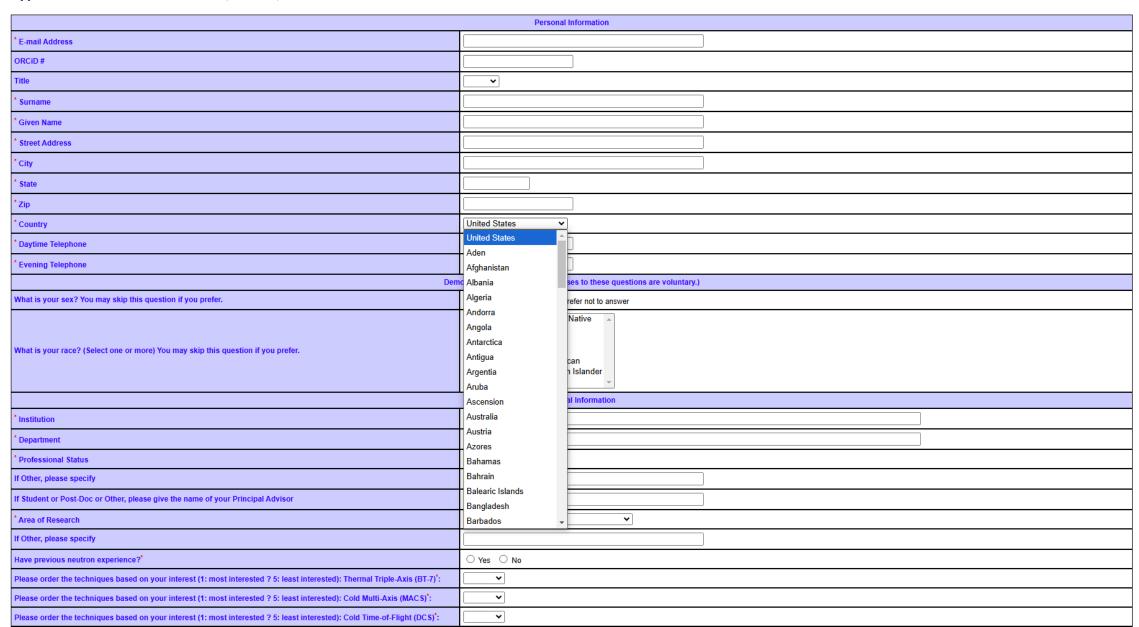
Personal Information				
*E-mail Address				
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Demographic Information (Responses to these questions are voluntary.)				
What is your sex? You may skip this question if you prefer.	○ Male ○ Female ○ Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
	Professional Information			
* Institution				
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If Other, please specify				
If Student or Post-Doc or Other, please give the name of your Principal Advisor				
*Area of Research	~			
If Other, please specify				
Have previous neutron experience?*	○ Yes ○ No			
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:				

SUMMER SCHOOL APPLICATION > COUNTRY DROP DOWN



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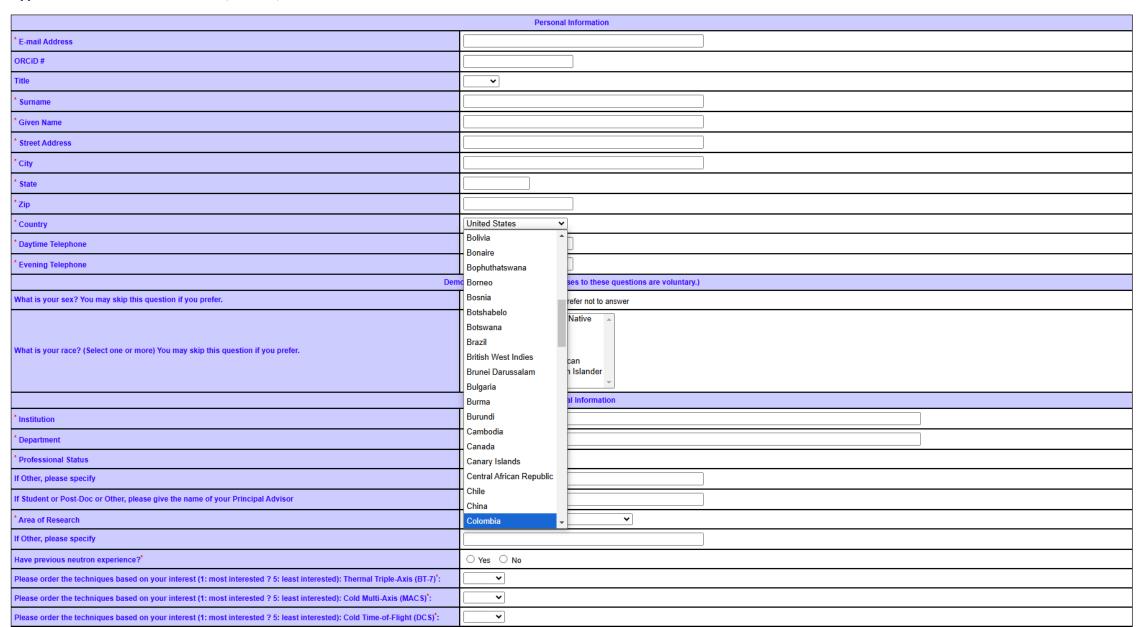
Application Deadline: 23:59:59 PM EDT, March 3, 2025





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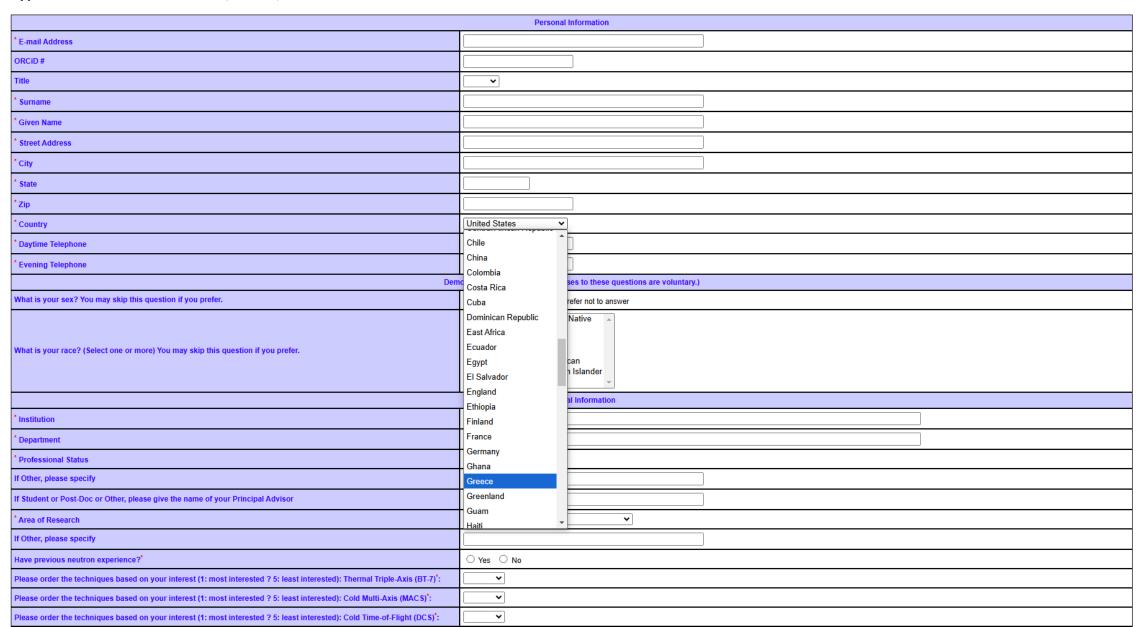
Application Deadline: 23:59:59 PM EDT, March 3, 2025





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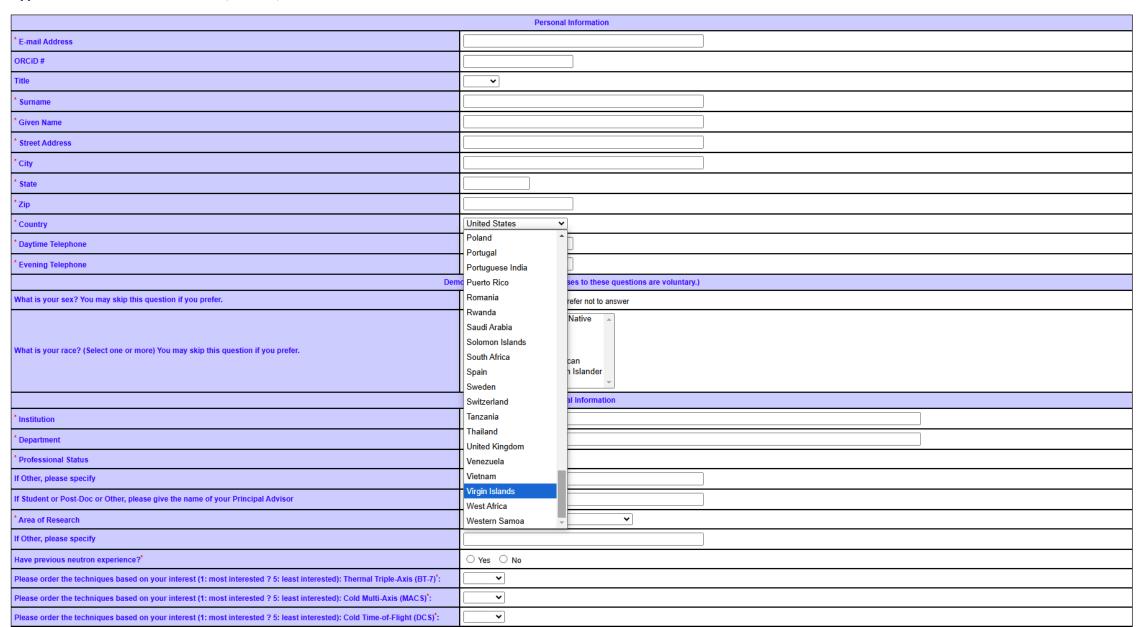
Application Deadline: 23:59:59 PM EDT, March 3, 2025





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Application Deadline: 23:59:59 PM EDT, March 3, 2025



SUMMER SCHOOL APPLICATION > RACE DROP DOWN

→ C 25 www-s.nist.gov/NCNR-IMS/summerSchoolApplication.do				
*Zip				
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* Daytime Telephone				
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	lographic Information (Responses to these questions are voluntary.)			
What is your sex? You may skip this question if you prefer.	○ Male ○ Female ○ Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
Professional Information				
* Institution				
* Department				
Professional Status				
If Other, please specify				
If Student or Post-Doc or Other, please give the name of your Principal Advisor				
*Area of Research				
If Other, please specify				
Have previous neutron experience?*	○ Yes ○ No			
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Back Scattering (HFBS)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Neutron Spin Echo (NSE)*:				
* Briefly describe your research, and how neutron scattering is applicable to your project. Briefly describe why you want to attend the course, including what you want to learn from it. Include a summary statement that succinctly answers the question "Why should you be selected for the school?" (2000 characters max).				
*Would like to be considered for financial assistance?				
Submit Application				

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SUMMER SCHOOL APPLICATION > PROFESSIONAL STATUS DROP DOWN

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* Daytime Telephone				
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Dem	nographic Information (Responses to these questions are voluntary.)			
What is your sex? You may skip this question if you prefer.	○ Male ○ Female ○ Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
Professional Information				
* Institution				
* Department				
* Professional Status				
If Other, please specify	Student			
If Student or Post-Doc or Other, please give the name of your Principal Advisor	Post-Doc			
* Area of Research	Jr. Faculty 🔻			
If Other, please specify	Other			
Have previous neutron experience?*	○ Yes ○ No			
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Back Scattering (HFBS)*:				
Please order the techniques based on your interest (1: most interested ? 5: least interested): Neutron Spin Echo (NSE)*:				
Briefly describe your research, and how neutron scattering is applicable to your project. Briefly describe why you want to attend the course, including what you want to learn from it. Include a summary statement that succinctly answers the question "Why should you be selected for the school?" (2000 characters max).				
*Would like to be considered for financial assistance?	V			
Submit Application				

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SUMMER SCHOOL APPLICATION > AREA OF RESEARCH DROP DOWN

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	nographic Information (Responses to these questions are voluntary.)			
What is your sex? You may skip this question if you prefer.	○ Male ○ Female ○ Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
	Professional Information			
* Institution				
* Department				
* Professional Status				
If Other, please specify				
If Student or Post-Doc or Other, please give the name of your Principal Advisor				
*Area of Research				
If Other, please specify	Hard Condensed Matter Physics			
Have previous neutron experience?*	Magnetic Materials			
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:	Materials Science			
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:	Polymer Science			
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:	Complex Fluids Earth Science			
Please order the techniques based on your interest (1: most interested ? 5: least interested): Back Scattering (HFBS)*:	Physical Chemistry and Chemical Physics			
Please order the techniques based on your interest (1: most interested ? 5: least interested): Neutron Spin Echo (NSE)*:	Materials Chemistry			
* Briefly describe your research, and how neutron scattering is applicable to your project. Briefly describe why you want to attend the course, including what you want to learn from it. Include a summary statement that succinctly answers the question "Why should you be selected for the school?" (2000 characters max).	Biomolecular Science Residual Stress/Engineering Other			
* Would like to be considered for financial assistance?	V			
Submit Application				

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NEUTRON SCATTERING COURSE APPLICATION

Experiments **Home** Instruments Science

Registration for Neutron Scattering Course (2024) at NCNR

OMB Control #: 0693-0081 Expiration Date: 12/31/2024 (Renewal in Process)

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection, collection approval, we could not conduct this survey/information collection. Public reporting for this information collect to be approximately 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are voluntary/mandatory/required to obtain benefits. Send comments regarding this burden to the NIST Center for Neutron Research at: 100 Bureau Drive, Mail Stop: 6102, Gaithersburg, MD 20899-1070, Attn: Przemek Klosowski at przemek.kl

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WARNINGWARNING**WARNING**WARNING**

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why the U.S. Department of Commerce (the Department), National Institute of Standards and Technology (NIST) is requesting the information on this form.

AUTHORITY: The National Institute of Standards and Technology Act, as amended, 15 U.S.C. 271 et seq. (which includes Title 15 U.S.C. 272) and section 12 of the Stevenson-Wydler Technology Innovation Act of 1980, as amended, 15 U.S.C. 3710a. 27 Stat. 395 and 31 Stat. 1039, and all existing, applicable NIST and Department policies, regulations and directives concerning the tracking, security processing, and support of NAs during their tenure at NIST.

PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility, information is collected in support of soliciting and reviewing proposals for scientific experiments at NCRR, allocating instrument time, managing the resulting site visits and resulting scientific data and publications.

Identity Management System.

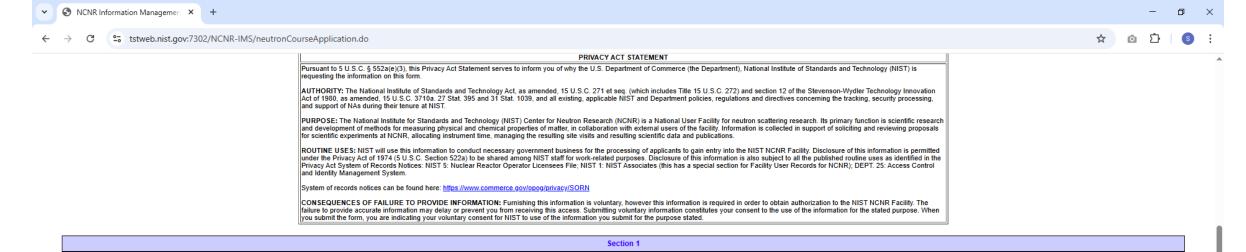
System of records notices can be found here: https://www.commerce.gov/opog/privacy/SORN

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST NCNR Facility. The failure lib provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit to receive you are indicating your voluntary consent for NIST to use of the information of the NIST NCNR Facility.

	Section 1				
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Section 2					
*E-mail Address					
Title	V				
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*Given Name					
* Institution					
* Department					
* Professional Status					
	Section 3 (Optional)				
What is your sex? You may skip this question if you prefer.	○ Male ○ Female ○ Prefer not to answer				
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White				
Area of Research Interest					
Any information you would like to be shared with the course instructor.					
If you have a disability and require accommodations to fully participate in this activity, please check here.	Yes O No If yes, you will be contacted by someone from our staff to discuss your specific needs.				
Submit Application Submit Application					

NEUTRON SCATTERING COURSE APPLICATION > REGISTRATION TYPE DROP DOWN

NEUTRON SCATTERING COURSE APPLICATION > TITLE DROP DOWN



Section 1				
* Registration Type				
	Section 2			
* E-mail Address				
Title				
* Surname	Mr.			
* Given Name	Mrs.			
* Institution	Miss			
* Department	Ms. Dr.			
* Professional Status	Prof. V			
	Rev. Section 3 (Optional)			
What is your sex? You may skip this question if you prefer.	Other			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
Area of Research Interest				
Any information you would like to be shared with the course instructor.				
If you have a disability and require accommodations to fully participate in this activity, please check here.	Yes No If yes, you will be contacted by someone from our staff to discuss your specific needs.			
Submit Application				

NEUTRON SCATTERING COURSE APPLICATION > PROFESSIONAL STATUS DROP DOWN

NEUTRON SCATTERING COURSE APPLICATION > RACE DROP DOWN

S NCNR Information Managemen × + - D ×				
C % www-s.nist.gov/NCNR-IMS/neutronCourseApplication.do				
PURPOSE: The National Institute for Standards and Technology (NIST) Center for Neutron Research (NCNR) is a National User Facility for neutron scattering research. Its primary function is scientific research and development of methods for measuring physical and chemical properties of matter, in collaboration with external users of the facility. Information is collected in support of soliciting and reviewing proposals for scientific experiments in them, emanaging the resulting size iresists and resulting scientific data and publications. ROUTINE USES: NIST will use this information to conduct necessary government business for the processing of applicants to gain entry into the NIST NCNR Facility. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 522a) to be shared among NIST staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices. NIST 5: Nuclear Reactor Operator Licensees File; NIST 1: NIST Associates (this has a special section for Facility User Records for NCNR); DEPT. 25: Access Control and Identity Management System. System of records notices can be found here: https://www.commerce.gov/opog/privacy/SORN CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information is voluntary, however this information is required in order to obtain authorization to the NIST NCNR Facility. The failure to provide accurate information may delay or prevent you from receiving this access. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose. When you submit the form, you are indicating your voluntary consent for NIST to use of the information you submit for the purpose stated.				
	Section 1			
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* E-mail Address				
Title				
* Surname				
* Given Name				
* Institution				
* Department				
* Professional Status				
	Section 3 (Optional)			
What is your sex? You may skip this question if you prefer.	○ Male ○ Female ○ Prefer not to answer			
What is your race? (Select one or more) You may skip this question if you prefer.	American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacifican Islander White			
Area of Research Interest				
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If you have a disability and require accommodations to fully participate in this activity, please check here.	Yes No If yes, you will be contacted by someone from our staff to discuss your specific needs.			

USER'S DASHBOARD

come Siddharth Khosla			IMS User Dashboard	
r Activities		Events		
posal Management				
Proposal Management		Your IMS User Account is linked to the 0000-0001-7666-4995 ORCiD.		
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em Administration	Local Contact:	FitzGerald, Mary Ann	1260 Date:	
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Saved: 5 Saved: WERB Approved: Submitted: 3 Submitted: 2 In Press: Accepted: Scheduled: 5 Published: Rejected: 0 Total: 9 Scheduled: 1 Total:

Total: 10

You do not have any experiments scheduled.

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Please e-mail support for questions about this website.

Useful Links:

- NCNR Homepage
 NCNR Safety Guidelines
 NCNR Safety Guidelines
 Requirements for Facility Access
 Planning Your Experiment
 Data Reduction, Visualization and Analysis
 Visitor and Travel Information

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