

# 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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[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 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 of 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/opoqg/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.

Supported browsers: Internet Explorer 6.0+ and Mozilla 1.0+.

In order to properly use this site, please ensure that your browser has Javascript enabled and allows pop-ups from this site.

[NCNR Home Page](#)

Please e-mail [support](#) for questions about this website.

Last modified 04/14/2025

CREATE ACCOUNT

OMB Control #: 0693-0081  
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### 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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User name (e-mail address):

For requirements on selecting a password, click [here](#).

Password:

Confirm password:

Prefix:

First name:

Middle name: 

Dr

Last name: 

Miss

Suffix: 

Mr

Mrs

Ms

Professor

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ACTIVATE ACCOUNT

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Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes ☐ No ☐

Local contact :

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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Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact :

Affiliation:

Contractor

Private Research Institute

University

Government

Industry/Company

NIST

National Lab

Other

ers, and then select your affiliation from the generated list.

t of the drop down list, please enter the complete

t the affiliation name, from the generated drop down list.

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Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder:

Local contact:

Affiliation:

Research Scientist

Undergraduate Student

Professor

PostDoc

Graduate Student

High School Student

Engineer

Administrative

Police

Technician

Reviewer

Computer/IT

Fireman

Other

SURF-Student

Reactor Operator

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Last Name:

Relationship:

Telephone No.:

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Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact :

Afghanistan

Affiliation:

Aland Islands

Angola

Anguilla

Antarctica

Antigua And Barbuda

Argentina

Armenia

Aruba

Australia

Austria

Azerbaijan

Bahamas

Bahrain

Bailiwick of Guernsey

First Name:

Last Name:

Relationship:

Telephone No.:

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Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact :

Affiliation:

Belgium

Belize

Benin

Bermuda

Bhutan

Bolivarian Republic of Venezuela

Bolivia

Bosnia And Herzegovina

Botswana

Bouvet Island

Brazil

British Indian Ocean Territory

Brunei

Bulgaria

Burkina Faso

Burundi

Cambodia

Cameroon

Canada

Cape Verde

First Name:

Last Name:

Relationship:

Telephone No.:

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.

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

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Citizenship:

Permanent Resident/Green Card Holder:

Local contact:

Affiliation:

This information is for the purpose of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Ethiopia

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Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact :

Affiliation:

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First Name:

Last Name:

Relationship:

Telephone No.:

your affiliation from the generated list.  
please enter the complete  
from the generated drop down list.

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Activate Account

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Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact :

Affiliation:

Montenegro

Montserrat

Morocco

Mozambique

Myanmar (Burma)

Namibia

Nauru

Navassa Island

Nepal

Netherlands

Netherlands Antilles

New Caledonia

New Zealand

Relationship:

Nicaragua

Telephone No.:

Niger

Nigeria

Niue

Norfolk Island

Northern Mariana Islands

Norway

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Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder

Local contact :

Affiliation:

This information is for the purpose of an accident or medical emergency.

First Name:

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Relationship:

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**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 552a) 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/opa/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.

ACTIVATE ACCOUNT > LOCAL CONTACT DROP  
DOWN

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## Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes ☐ No ☐

Local contact :

Affiliation:

- Adler, Daniel
- Alina, Gervaise
- Anderson, David
- Arif, Muhammad
- Baltic, Elias
- Baltic, George
- Barker, John
- Bartlett, James
- Barvitskie, Tim
- Berg, Christopher
- Berk, Norman
- Bertrand, Christopher
- Bishop, Ronald
- Blackman, Myron
- Bleuel, Markus
- Bobik, Paul
- Borchers, Julie
- Breuer, Herbert

and then select your affiliation from the generated list. the drop down list, please enter the complete affiliation name, from the generated drop down list.

## Emergency Contact Information

This information

important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

Activate

**PRIVACY ACT STATEMENT**

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**AUTHORITY:** The National Institute of Standards and Technology (NIST) is authorized by the National Institute of Standards and Technology Act of 1980, as amended, 15 U.S.C. 3710a, 27 Stat. 353 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 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 552a) 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/opa/privacy/SORN>

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voluntary/mandatory/required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing 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.klosowski@nist.gov](mailto:przemek.klosowski@nist.gov).

**\*\*WARNING\*\*WARNING\*\*WARNING\*\*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 may be disclosed or used for any lawful Government purpose.

**\*\*WARNING\*\*WARNING\*\*WARNING\*\*WARNING\*\*WARNING\*\***

Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes ☐ No ☐

Local contact :

Affiliation: Butch, Nicholas

Butler, Paul

Cappelletti, Ronald

Chen, Wangchun

Chen-Mayer, Huaiyu

Chu, Pamela

Clark, Forrest

Colvard, Samuel

Connelly, Patrick

Consani, Keith

Cook, Jeremy

Cooper, Michelle

Copley, John

Cunningham, William

Curtis, Joseph

Dax, Tanya

Deeb, Susan

Dewey, Maynard

Dimeo, Robert

Disseiler, Steven

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### Activate Account

Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder ☐ Yes ☐ No

Local contact :

Affiliation: 

Fink, Laurance

Fitt, Todd

Fitzgerald, Evan

FitzGerald, Mary Ann

Flynn, Daniel

Gagliardo, Jeffrey

Gagnon, Cedric

Gehring, Peter

Gentile, Thomas

Gilbert, Dustin

Gilliam, David

Glaze, Deborah

Glinka, Charles

Gnaupel-Herold, Thomas

Greenberg, Robert

Groff, Christine

Grutter, Alexander

Hammouda, Boualem

Hanak, Dona

Harriger, Leland

First Name:

Last Name:

Relationship:

Telephone No.:

and then select your affiliation from the generated list. In the drop down list, please enter the complete affiliation name, from the generated drop down list.

### Emergency Contact Information

Important in the event of an accident or medical emergency.

Activate

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Please provide the information below to activate your account.

Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes ☐ No ☐

Local contact :

Affiliation:

and then select your affiliation from the generated list.  
the drop down list, please enter the complete  
the affiliation name, from the generated drop down list.

- Keyser, Daniel
- Keyser, Julie
- Khan, Majeed
- Khosla, Siddharth
- Kienzle, Paul
- Kirby, Brian

This information is important in the event of an accident or medical emergency.

First Name:

Last Name:

Relationship:

Telephone No.:

- LaManna, Jacob
- Leao, Juscelino
- Lindstrom, Richard
- Liposky, Paul
- Liu, Yun

Activate

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Job type:

Job title:

Citizenship:

Permanent Resident/Green Card Holder Yes ☐ No ☐

Local contact :

Affiliation:

Parikh, Nalin

Paul, Rick

Pheiffer, Stephen

Pierce, Donald

Prask, Henry

Prisk, Timothy

Pritchard, Kevin

Pushin, Dmitry

Qiu, Yiming

Ratcliff II, William

Remley, Bryan

Rinehart, Michael

Rodriguez, Jose

Rowe, J. Michael

Sahin, Dagistan

Santoro, Anthony

Satija, Sushil

Schroder, Ivan

Schwaderer, Marcus

Slaughter, Scott

and then select your affiliation from the generated list.  
the drop down list, please enter the complete  
the affiliation name, from the generated drop down list.

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Last Name:

Relationship:

Telephone No.:

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# SUMMER SCHOOL APPLICATION

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

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 is 0693-0081. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated 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/inmandatory required to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NIST Center for Neutron Research at: 100 Bureau Drive, Mail Stop 4182, Gaithersburg, MD 20899-1070. Also, by e-mail: [prcomment@nist.gov](mailto:prcomment@nist.gov).

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**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-Wylder 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 data during their tenure at NIST.

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Instructions

This application form is for those who are planning to attend the 31st CHNR 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	<input type="text"/>
ORCID #	<input type="text"/>
Title	<div><div></div><div></div></div>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<div>United States<div></div></div>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<div><div><input type="radio"/> Male</div><div><input type="radio"/> Female</div><div><input type="radio"/> Prefer not to answer</div></div>
What is your race? (Select one or more) You may skip this question if you prefer.	<div><div>American Indian or Alaskan Native</div><div>Asian</div><div>Black or African American</div><div>Hispanic or Latino</div><div>Middle Eastern or North African</div><div>Native Hawaiian or Pacific Islander</div><div>White</div></div>
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<div><div></div><div></div></div>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<div><div></div><div></div></div>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<div><div><input type="radio"/> Yes</div><div><input type="radio"/> No</div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7):	<div><div></div><div></div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MAC-S):	<div><div></div><div></div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCSF):	<div><div></div><div></div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Back Scattering (HFBST):	<div><div></div><div></div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Neutron Spin Echo (NSE):	<div><div></div><div></div></div>
* 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).	<div><div></div><div></div></div>
* Would like to be considered for financial assistance?	<div><div></div><div></div></div>
<div>Submit Application</div>	

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	<input type="text"/>
ORCID #	<input type="text"/>
Title	<div><div></div><div></div></div>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<div><div>United States</div><div></div></div>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<div><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to answer</div>
What is your race? (Select one or more) You may skip this question if you prefer.	<div><div>American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White</div></div>
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<div><div></div><div></div></div>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<div><div></div><div></div></div>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:	<div><div></div><div></div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:	<div><div></div><div></div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:	<div><div></div><div></div></div>

SUMMER SCHOOL APPLICATION > COUNTRY  
DROP DOWN

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

Personal Information	
* E-mail Address	<input type="text"/>
ORCID #	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<div>United States</div> <div><div>United States</div><div>Aden</div><div>Afghanistan</div><div>Albania</div><div>Algeria</div><div>Andorra</div><div>Angola</div><div>Antarctica</div><div>Antigua</div><div>Argentina</div><div>Aruba</div><div>Ascension</div><div>Australia</div><div>Austria</div><div>Azores</div><div>Bahamas</div><div>Bahrain</div><div>Balearic Islands</div><div>Bangladesh</div><div>Barbados</div></div>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic questions to these questions are voluntary.	
What is your sex? You may skip this question if you prefer.	<div>Native</div> <div>refer not to answer</div>
What is your race? (Select one or more) You may skip this question if you prefer.	<div>Native</div> <div>can</div> <div>Islander</div>
Additional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:	<input type="text"/>



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	<input type="text"/>
ORCID #	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<div>United States</div> <div><div>Bolivia</div><div>Bonaire</div><div>Bophuthatswana</div><div>Borneo</div><div>Bosnia</div><div>Botshabelo</div><div>Botswana</div><div>Brazil</div><div>British West Indies</div><div>Brunei Darussalam</div><div>Bulgaria</div><div>Burma</div><div>Burundi</div><div>Cambodia</div><div>Canada</div><div>Canary Islands</div><div>Central African Republic</div><div>Chile</div><div>China</div><div>Colombia</div></div>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic questions to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<div>Male</div> <div>Female</div> <div>Prefer not to answer</div>
What is your race? (Select one or more) You may skip this question if you prefer.	<div>Native</div> <div>Hispanic or Latino</div> <div>Black or African American</div> <div>White</div> <div>Asian</div> <div>Native Hawaiian or Other Pacific Islander</div> <div>Other</div>
Additional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<div><input type="text"/></div> <div><input type="text"/></div>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:	<input type="text"/>

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ORCID #	<input type="text"/>
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* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<div>United States</div> <div><div>Chile</div><div>China</div><div>Colombia</div><div>Costa Rica</div><div>Cuba</div><div>Dominican Republic</div><div>East Africa</div><div>Ecuador</div><div>Egypt</div><div>El Salvador</div><div>England</div><div>Ethiopia</div><div>Finland</div><div>France</div><div>Germany</div><div>Ghana</div><div>Greece</div><div>Greenland</div><div>Guam</div><div>Haiti</div></div>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic questions to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<div>Male</div> <div>Female</div> <div>Prefer not to answer</div>
What is your race? (Select one or more) You may skip this question if you prefer.	<div>Native American</div> <div>Hispanic or Latino</div> <div>Other</div>
Additional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?	<input type="radio"/> Yes <input type="radio"/> No
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:	<input type="text"/>

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

Personal Information	
* E-mail Address	<input type="text"/>
ORCID #	<input type="text"/>
Title	<input type="text"/>
* Surname	<input type="text"/>
* Given Name	<input type="text"/>
* Street Address	<input type="text"/>
* City	<input type="text"/>
* State	<input type="text"/>
* Zip	<input type="text"/>
* Country	<div>United States</div> <div>Poland</div> <div>Portugal</div> <div>Portuguese India</div> <div>Puerto Rico</div> <div>Romania</div> <div>Rwanda</div> <div>Saudi Arabia</div> <div>Solomon Islands</div> <div>South Africa</div> <div>Spain</div> <div>Sweden</div> <div>Switzerland</div> <div>Tanzania</div> <div>Thailand</div> <div>United Kingdom</div> <div>Venezuela</div> <div>Vietnam</div> <div>Virgin Islands</div> <div>West Africa</div> <div>Western Samoa</div>

SUMMER SCHOOL APPLICATION > RACE DROP  
DOWN

Please e-mail [support](#) for questions about this website.  
Last modified 02/21/2025

SUMMER SCHOOL APPLICATION >  
PROFESSIONAL STATUS DROP DOWN

NCNR Information Management

www-s.nist.gov/NCNR-IMS/summerSchoolApplication.do

☆📷🔖\$⋮

* Zip	<input type="text"/>
* Country	<div>United States</div>
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<div><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to answer</div>
What is your race? (Select one or more) You may skip this question if you prefer.	<div>American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Middle Eastern or North African Native Hawaiian or Pacific Islander White</div>
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<div></div>
If Other, please specify	<div>Student</div> <input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<div>Post-Doc</div> <input type="text"/>
* Area of Research	<div>Jr. Faculty</div> <div></div>
If Other, please specify	<div>Other</div> <input type="text"/>
Have previous neutron experience?*	<div><input type="radio"/> Yes <input type="radio"/> No</div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:	<div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:	<div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:	<div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Back Scattering (HFBS)*:	<div></div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Neutron Spin Echo (NSE)*:	<div></div>
* 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).	<div></div>
* Would like to be considered for financial assistance?	<div></div>
<div>Submit Application</div>	



SUMMER SCHOOL APPLICATION > AREA OF  
RESEARCH DROP DOWN

* Zip	<input type="text"/>
* Country	United States
* Daytime Telephone	<input type="text"/>
* Evening Telephone	<input type="text"/>
Demographic Information (Responses to these questions are voluntary.)	
What is your sex? You may skip this question if you prefer.	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Prefer not to answer
What is your race? (Select one or more) You may skip this question if you prefer.	<div> <div>American Indian or Alaskan Native</div> <div>Asian</div> <div>Black or African American</div> <div>Hispanic or Latino</div> <div>Middle Eastern or North African</div> <div>Native Hawaiian or Pacific Islander</div> <div>White</div> </div>
Professional Information	
* Institution	<input type="text"/>
* Department	<input type="text"/>
* Professional Status	<input type="text"/>
If Other, please specify	<input type="text"/>
If Student or Post-Doc or Other, please give the name of your Principal Advisor	<input type="text"/>
* Area of Research	<input type="text"/>
If Other, please specify	<input type="text"/>
Have previous neutron experience?*	<div> <div>Hard Condensed Matter Physics</div> <div>Magnetic Materials</div> <div>Materials Science</div> <div>Polymer Science</div> <div>Complex Fluids</div> <div>Earth Science</div> <div>Physical Chemistry and Chemical Physics</div> <div>Materials Chemistry</div> <div>Biomolecular Science</div> <div>Residual Stress/Engineering</div> <div>Other</div> </div>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Thermal Triple-Axis (BT-7)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Multi-Axis (MACS)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Cold Time-of-Flight (DCS)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Back Scattering (HFBS)*:	<input type="text"/>
Please order the techniques based on your interest (1: most interested ? 5: least interested): Neutron Spin Echo (NSE)*:	<input type="text"/>
* 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).	<div><div></div></div>
* Would like to be considered for financial assistance?	<input type="text"/>

Submit Application

# NEUTRON SCATTERING COURSE APPLICATION

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 is 0693-0081. Without this approval, we could not conduct this survey/information collection. Public reporting for this information collection is estimated 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 estimate or any other aspect of this information collection, including suggestions for reducing 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.klosowski@nist.gov](mailto:przemek.klosowski@nist.gov).

**\*\*WARNING\*\*WARNING\*\*WARNING\*\*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 may be disclosed or used for any lawful Government purpose.

**\*\*WARNING\*\*WARNING\*\*WARNING\*\*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 NIAs 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/ipoq/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

\* Registration Type

Section 2

\* 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

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

## > REGISTRATION TYPE DROP DOWN

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Section 1

\* Registration Type

Credit

Audit

Section 2

\* 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.

Submit Application

# NEUTRON SCATTERING COURSE APPLICATION

## > TITLE DROP DOWN



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Section 1

\* Registration Type

Section 2

\* E-mail Address

Title

\* Surname

\* Given Name

\* Institution

\* Department

\* Professional Status

Rev.

Section 3 (Optional)

Other

☐ Female ☐ Prefer not to answer

What is your sex? You may skip this question if you prefer.

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

PRIVACY ACT STATEMENT

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Section 1

\* Registration Type

Section 2

\* 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.

Student

Post-Doc

Jr. Faculty

Other

Hispanic or Latino

Middle Eastern or North African

Native Hawaiian or Pacific Islander

White

Female

Prefer not to answer

What is your race? (Select one or more) You may skip this question if you prefer.

an or Alaskan Native

an American

Hispanic or Latino

Middle Eastern or North African

Native Hawaiian or Pacific 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

## > RACE DROP DOWN

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Please e-mail [support](#) for questions about this website.  
Last modified 02/21/2025

# USER'S DASHBOARD

NIST Center for Neutron Research

Welcome Siddharth Khosla

User Activities

Proposal Management

BL<sup>2</sup> Proposal Management

nSoft Mail-In Data Collection

Review Proposals for NCNR

Facility Scheduling

Publications, Awards, & Talks

Query & Reports

Institution Management

System Administration

Training Management

Radiation Safety

Reactor Training

Logout

IMS User Dashboard

Events

Your IMS User Account is linked to the 0000-0001-7666-4995 ORCID.

Visitor Registration Submission Date: 03/21/2024

Edit

Save

Cancel

Profile

Health Physics

Name:

Siddharth Khosla

Email:

SKHOSLA@HOTMAIL.COM

Local Contact:

FitzGerald, Mary Ann

Affiliation:

University of Maryland Baltimore County - Departme

Room Number:

235/K07

Phone Extension:

555-555-5555%27

Job Title:

Computer/IT

Training Date:

02/01/2024

Request Training

Expiration Date:

02/01/2026

Agreement Date:

1260 Date:

Demographic Details

Wish to disclose ☐ Yes ☒ DO NOT wish to disclose ☐ Yes

Responses to these questions are voluntary. Your responses are treated in a highly confidential manner. The aggregate information will be used to determine if our NSF-funded programs are reaching all segments of the population. Thank you for helping us determine the impact of our efforts.

Proposals

Beam Time

Publications

Saved: 5

Submitted: 3

Accepted: 1

Rejected: 0

Scheduled: 1

Total: 10

Saved: 2

Submitted: 2

Scheduled: 5

Total: 9

Submitted to WERB: 0

WERB Approved: 0

In Press: 0

Published: 1

Total: 2

Experiments

You do not have any experiments scheduled.

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 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/opo/po/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.

Please e-mail [support](#) for questions about this website.  
Last modified 04/14/2025



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

Events

Your IMS User Account is linked to the 0000-0001-7666-4995 ORCID.

Visitor Registration Submission Date: 03/21/2024

Edit Save Cancel

Profile

Name: Siddharth Khosla

Email: SKHOSLA@HOTMAIL.COM

Local Contact: FitzGerald, Mary Ann

Affiliation: Adler, Daniel

Room Number: Alina, Gervaise

Phone Extension: Anderson, David

Job Title: Arif, Muhammad

Health Physics

Training Date: 02/01/2024

Expiration Date: 02/01/2026

Agreement Date: 1260 Date:

Request Training

Demographic Details

Wish to disclose ☐ Yes ☐ No

Responses to these questions are treated in a highly confidential manner. Responses are used to determine if our NSF-funded programs are appropriate for your population. Thank you for helping us

Proposals

Saved: 3

Submitted: 3

Accepted: 2

Rejected: 0

Scheduled: 1

Total: 9

Publications

Submitted to WERB: 0

WERB Approved: 0

In Press: 0

Published: 1

Total: 2

Experiments

You do not have any experiments scheduled.

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Email: SKHOSLA@HOTMAIL.COM

Local Contact: FitzGerald, Mary Ann

Affiliation: Consant, Keith

Room Number: Cook, Jeremy

Phone Extension: Cooper, Michelle

Job Title: Copley, John

Cunningham, William

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Email: SKHOSLA@HOTMAIL.COM

Local Contact: FitzGerald, Mary Ann

Affiliation: Johnson, Douglas

Room Number: Johnston, Thomas

Phone Extension: Jones, Ronald

Job Title: Kamitakahara, William

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Affiliation: Krzywon, Jeffrey

Room Number: LaManna, Jacob

Phone Extension: Leao, Juscelino

Job Title: Lindstrom, Richard

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Room Number: Keyser, Julie

Phone Extension: Khan, Majeed

Job Title: Kienzle, Paul

County - Department: Kirby, Brian

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Local Contact: FitzGerald, Mary Ann

Affiliation: Walton, Avery

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Phone Extension: Weaver, Jamie

Job Title: Weigandt, Kathleen

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