

TO BE COMPLETED BY  
VISITING PROGRAM  
PARTICIPANT

## Request for Outside Activity

Non-immigrant scientists at the NIH must complete this form to obtain permission to engage in outside activities. DIS review is necessary to determine if your U.S. immigration status and NIH designation will allow the requested activity. **Submit this form at least thirty (30) days \*before\* the planned activity.** Please attach correspondence from the institution where the activity will take place that sets forth the terms and conditions of the offer. The document must provide a description of the activity, dates, number of hours, location, and amount and type of payment (if any). Submission of this form does not guarantee approval.

### I. TO BE COMPLETED BY SCIENTIST

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

NIH Designation (such as Visiting Fellow): \_\_\_\_\_

Current Immigration Status: \_\_\_\_\_

Dates of activity: \_\_\_\_\_ to \_\_\_\_\_

Name of Institution where activity will take place: \_\_\_\_\_

Street Address of Institution: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Province/Territory: \_\_\_\_\_

Country: \_\_\_\_\_

Number of Hours you will participate in activity: \_\_\_\_\_

\_\_\_\_\_ hours per \_\_\_\_\_

Type of Payment: \_\_\_\_\_

Total Amount of Payment: \_\_\_\_\_

Recurrence:  One-time activity  Recurring activity

Description of Activity: \_\_\_\_\_

### II. ATTESTATION

I attest that I will:

- Notify DIS if anything described on this form changes (such as a change in activity dates)
- Only begin the activity if and when approved by DIS
- *For those sponsored as J-1 Exchange Visitors:* Continue to maintain the required health insurance for myself and my J-2 dependents (if any) during the proposed activity and at all times while I am in the J Exchange Visitor program

By signing this form, I agree to the above attestations and certify that the information on this form is complete and accurate.

Signature: \_\_\_\_\_

### III. IC APPROVAL

We recommend approval for this activity and certify that:

- The activity is directly related to the above-named scientist's research objectives in the NIH laboratory/branch
- The activity is incidental to her/his research objectives
- The activity will not delay completion of her/his research objectives.

IC Lab/Branch Sponsor Signature: \_\_\_\_\_

IC Scientific Director Signature\*: \_\_\_\_\_

\*If you are an NIH employee (occupy a full-time equivalent (FTE) position), SD signature is \*not\* required

### IV. ETHICS APPROVAL (FTE SCIENTISTS ONLY)

You must review the activity with your IC's Ethics Office. Indicate below whether Ethics has approved this request. If you have already received Ethics approval, please attach a copy of the approval to this request. If Ethics review is still pending when you submit this request, DIS will require evidence of their approval before final clearance of this activity.

Ethics Approval:  Yes  No