

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
- *For those with immigration status from an outside sponsor:* Confirm with my sponsor that this activity is appropriate for my status

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