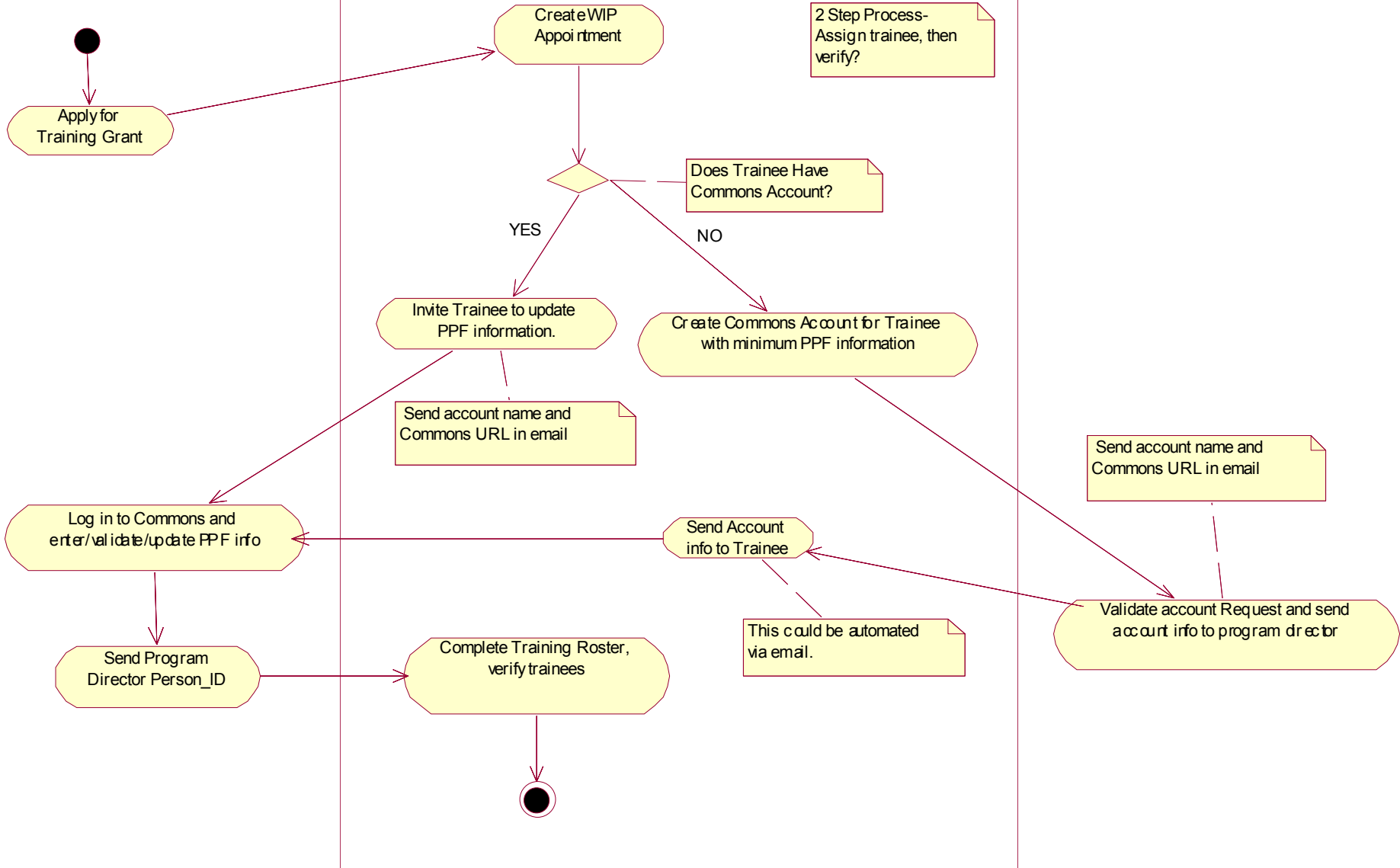


TA Registration Process

Trainee : Trainee

Program Director

QRC- Data Validation



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Identifying Information

Name Prefix	<input type="text"/>	First Name*	<input type="text"/>
Middle Name	<input type="text"/>	Last Name*	<input type="text"/>
Name Suffix	<input type="text"/>	SSN	<input type="text"/>
Gender*	Male	DOB*	<input type="text"/> (mm/dd/yyyy) <input type="checkbox"/> Withheld?
U.S. Citizenship	Permanent Resident	Citizenship Country	United States

Residence Address

Line 1	<input type="text"/>	Line 2	<input type="text"/>
Line 3	<input type="text"/>	Line 4	<input type="text"/>
City	<input type="text"/>	State	MD
Zip Code	<input type="text"/>	Country	United States
Phone	<input type="text"/>	Fax	<input type="text"/>
E-mail	<input type="text"/>		

Disabilities (select all that apply)

<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision
<input type="checkbox"/> Missing Extremities	<input type="checkbox"/> Nonparalytic Orthopedic
<input type="checkbox"/> Partial Paralysis	<input type="checkbox"/> Complete paralysis
<input type="checkbox"/> Speech	<input type="checkbox"/> Motor (temp code)
<input type="checkbox"/> Other	



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Degrees

Degree	Institution	Year	Earned?	Major	Action
BA:BACHELOR OF ARTS	Johns Hopkins University	1988	Y	Journalism	Edit Delete
BE:BACHELOR OF ENGINEERING	MIT	1992	Y	Civil Engineering	Edit Delete

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Degree Details

Degree Information

Degree Name*	<input type="text" value="BE:BACHELOR OF ENGINEERING"/>	Degree Text (for 'Other' degrees only)	<input type="text"/>
Major	<input type="text"/>	Minor	<input type="text"/>
Institution*	<input type="text"/>	Degree Earned?*	<input type="checkbox"/>
Degree Date*	<input type="text"/>	Program Year*	<input type="text"/>

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Employments

Employer	Start Date	End Date	E-mail	Preferred Address?	Action
Johns Hopkins	12/01/1985		jsmith@hopkins.org	<input checked="" type="checkbox"/>	Edit Delete
Pennsylvania State University	11/01/1975	11/31/1985	jsmith@psu.org	<input type="checkbox"/>	Edit Delete

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Employment Details

Employer (select one)

NIH Recognized Institution

NIH Institute or Center National Cancer Institute bbbbbbbbbbbbbbbbbbbbbbbbbb

Other

Employment Information

Start Date	<input type="text"/>	End Date	<input type="text"/>
Title	<input type="text"/>	Employment Status*	Full Time
Academic Rank	Instructor	Position	Vice President
Employment Type*	Federal	Is this your primary employment?	<input type="checkbox"/>

Employment Address

Line 1*	<input type="text"/>	Line 2	<input type="text"/>
Line 3	<input type="text"/>	Line 4	<input type="text"/>
City*	<input type="text"/>	State	MD
Zip Code	<input type="text"/>	Country*	United States
Phone*	<input type="text"/>	Fax	<input type="text"/>
E-mail*	<input type="text"/>	Is this your preferred employment address?	<input type="checkbox"/>

Submit Reset Cancel

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