

REQUEST FOR OUTSIDE ACTIVITY

INSTRUCTIONS: Non-immigrant scientists at the NIH must complete this form in order to participate in outside activities, such as occasional lectures and short-term consultations. This is necessary for the Division of International Services (DIS) to determine if you are eligible to engage in the activity under your U.S. immigration status. Complete a separate form for <u>each</u> activity. **Submit the form at least two (2) weeks *before* the planned activity.**

YOUR NAME:

Family Name	First Name	Middle Name	SEVIS ID Number (if any)
PROPOSED ACTIV	ITY DETAILS:		
Begin Date:		End Date:	
Name of Institution w	here activity will take place:		
Street Address of Inst	tution:		
	_		
City/Town	Province/Territory	Country	Postal Code
Number of Hours you	will participate in activity:		
total ho	ours for activity -OR-	hours/week -OR-	hours/month
	h as honorarium, per diem, t	ravel reimbursement):	
Total Amount of Payr	nent:		
PURPOSE/REASON	FOR ACTIVITY:		
To pursue active NIH research pr	ity related to your rogram	To pursue a NIH researc	ctivity *not* related to your ch program
• Describe the ad	ctivities that you will underta	ake:	

• Attach a letter from the offering institution (i.e. the institution where the activity will take place) that sets forth the terms and conditions of the offer. The letter must provide a description of the activity, dates, number of hours, location, and amount and type of payment (if any).

• Attach a memo signed by both your NIH sponsor/supervisor and your Institute/Center's (IC) Scientific Director (SD) ** that describes:

1. The length of your proposed activity

2. The activity to be pursued

- If the activity is related to your NIH research program, the memo must specifically state:
 - That the activity is directly related to your research objectives in the NIH laboratory/branch;
 - That the activity is incidental to your research objectives; and
 - That the activity will not delay completion of your research objectives
- 3.If you are a Visiting Fellow (pre- or post-doctoral), the memo may also need to be signed by the Deputy Director for Intramural Research (DDIR) in the NIH Office of Intramural Research (OIR)
 - To determine if DDIR approval is needed, review the OIR's "Guidelines for Non FTEs (Trainees) for NIH-Related Activities, Personal Capacity (Outside) Activities and Awards" (<u>http://sourcebook.od.nih.gov/ethic-conduct/traineeguidelines.htm</u>)
 - A copy of your CV must be included with any memo sent to the DDIR/OIR
 - The DIS's review and approval is required for the following activities:
 - NIH-Related Activity
 - Engaging in research collaborations with NIH or outside investigators in association with their scientific advisor.
 - Personal Capacity (Outside) Activities
 - All permissible compensated activities must be reviewed by the DIS and DDIR/OIR, regardless of visa type.

** If you are an NIH employee (occupy a full-time equivalent or FTE position), the SD's signature is *not* required; your NIH sponsor/supervisor's signature on the memo is sufficient for the DIS's review. <u>However</u>, you must review the activity with your IC's ethics officer. If you have already received a determination from your ethics officer, please attach a copy to this request.

ATTESTATIONS:

I attest that I will:

- Notify the DIS if anything described on this form changes (e.g. new begin and end date)
- Only begin the activity when cleared by the DIS
- For those sponsored as J-1 Exchange Visitors: Maintain health insurance for myself and my J-2 dependents (if any) during the proposed activity. I understand that J-1 regulations require health insurance for me and any J-2 dependents throughout the duration of my Exchange program.
- Notify the DIS of my return to the NIH

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

Signature

Date