National Institutes of Health

Application for Continuing Education Program Staff Training in Extramural Programs (STEP)

The program is designed for staff of the NIH extramural programs. See the STEP brochure for module descriptions and specific participation requirements.					
SECTION A To be completed by the applicant					
Name (Please type)	Organization (ICD)	Building	Room No.	Phone No.	
Full E-mail Address (optional)			FAX Number		
Position Title	Series	Series		Grade: GS or CO	
Review	Contracting Policy Other (specify below) signment	Give number of In Federal at NIH In NIH extr In present		serviceamural	
Module Number Module Title			Date of Modu	e	
My participation in this module would be bene responsibilities, specifically how they relate to Give careful consideration to this section. Sel for more than one module in the current series.	the module applied for, and how partilection is based substantially on this d	icipation will relate to escription of job rela	o possible future atedness. (If you ication for each	assignments. are applying	
Applicant's Signature			Date		
SECTION B To be completed by Supervisor					
	Supervisor's Name and Title (Please	type)	Building, Roo	om, Phone No.	
Forward to: STEP Program Office, Building 31, Room 5B41					
SECTION C To be completed by STEP Program Office					
Approved Alternate	Signature		Date		