## **APPROVAL FOR OUTSIDE ACTIVITY**

**<u>INSTRUCTIONS</u>**: Non-immigrant scientists at the NIH must complete this form to obtain permission to engage in outside activities. This is necessary for the Division of International Services (DIS) to determine if your U.S. immigration status and NIH designation will allow the requested activity. **Submit this approval form at least <u>two (2) weeks</u> \*before\* the planned activity.** 

### YOUR NAME:

Family Name	Given Name	Date of Birth (MM/DD/YYYY)
NIH Designation (such a Visiting Fellow)	Current Immigration Statu	S
PROPOSED ACTIVITY DETAILS:		
Begin Date:	End Date:	
Name of Institution where activity will take p	place:	
Street Address of Institution:		
City/Town Province/Ter	rritory Country	Postal Code
Number of Hours you will participate in acti	vity:	
total hours for activity -OR-	hours/week -OR-	hours/month
Type of Payment (such as honorarium, per di	em, travel reimbursement): $\frac{1}{2}$	f no payment is involved, write "none"
	Total Amount of Payment:	
Recurrence (check the box below that applies	s): This is a one-time ac	tivity-OR- This is a recurring activity
DESCRIPTION OF ACTIVITY:		
Describe the activity that you will undertake:		

If applicable: attach correspondence 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 document must provide a description of the activity, dates, number of hours, location, and amount and type of payment (if any).



#### **ATTESTATIONS:**

I attest that I will:

- Notify the DIS if anything described on this form changes (such as a change in activity dates)
- Only begin the activity when approved by the 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.

Date

Date

Date

Date

Date

• 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

#### **APPROVALS:**

We recommend approval for the above noted 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; and
- The activity will not delay completion of her/his research objectives.

IC Lab/Branch Sponsor Signature

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2

\* 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 is sufficient for the DIS's review. However, you must review the activity with your IC's ethics office. If you have already received a determination from your ethics officer, please attach a copy to this request.

# -DIS & OIR USE ONLY-

The DIS recommends approval of this activity:	Yes	
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Does this activity also require approval from the Office of Intramural Research (OIR)/OD: Yes No

Immigration Specialist Signature

OIR decision: Approved Not Approved

OIR Signature

OIR Comments (if any):

Page 2 of 2