

# Division of Loan Repayment Change of Institution Application

Please complete the following information and submit the completed Change of Institution (COI) application form along with your Biosketch, Research Activities, Research Environment, and Career Development Plan or Training/Mentoring Plan via email to [COILRP@MAIL.NIH.GOV](mailto:COILRP@MAIL.NIH.GOV). If you have any questions, please call our Help Line at 866-849-4047. All forms should be in PDF format.

## Section 1: Demographic Information

### Your Name

First Name

Last Name

### Your 1st Phone Number

Area Code

Phone Number

### Your Permanent Home Address

Street Address

Area Code

Fax Number

City

### Your Email Address

State

example@example.com

Zip Code

# Section 1: Demographic Information

(Employment Contact Information)

**Prior Organization Name**

**Last Date of Paid Qualified Research  
at Prior Organization**

Month    Day    Year

**Effective Date of Paid Qualified Research  
at New Organization**

Month    Day    Year

**New Organization**

**Position Title**

**Organization Name**

**Division/School**

**Department/Section**

**Address**

Street Address

City

State / Province

Postal / Zip Code

**Phone Number**

Area Code

Phone Number

**Fax Number**

Area Code

Fax Number

**Email**

example@example.com

**Research Project Title**

## Section 2: Attached Forms

These documents should be attached to the email along with your completed COI application. All forms should be in PDF format.

### Form 1: Biosketch

**Please provide us with an updated copy of your biosketch in a specified NIH format.**

Instructions: An NIH Biosketch cannot exceed five (5) pages. For additional information, <https://grants.nih.gov/grants/forms/biosketch.htm>

### Form 2: Research Activities

**Please provide us with a document outlining your research activities at the new institution.**

Instructions: Use eight (8) pages or less to describe the research activities you will pursue, at a minimum, through your LRP award period. Literature citations are included in the character count and should be listed on the last page. Include your name, employer, title of research project, and date in the document header.

The first paragraph must be a brief explanation regarding the reason for this change of institution and the impact this change has or will have on your research career. This explanation should clarify if your research project has changed and if so, give an overview of all changes. Research documents without this description will be returned for revision.

### Form 3: Research Environment

**Please provide us with a document describing the Research Environment where you will be working.**

Instructions: Use one (1) page to describe the research to be conducted during the course of your LRP award. The description should include the branch/laboratory/section/department where you, will be located and the availability of appropriate scientific colleagues, institutional research, and facilities available. Include a brief description of the funding source for your research.

### Form 4: Career Development or Training/Mentoring Plan

**Please provide us with information on your Career Development or Training/Mentoring Plan.**

Instructions (Career Development Plan): Use two (2) pages to describe your career development plan and explain how this plan will foster the development of your career in research. Specify the types of research methods and scientific techniques to be learned, membership in journal clubs or groups and conferences and seminars to be attended.

Instructions (Training/Mentoring Plan): Use two (2) pages or less to describe your research training program and mentoring plan. Specify the types of training interactions, training mechanisms to be used, research methods, and scientific techniques to be learned, involvement in activities such as journal clubs, professional groups, conferences, and seminars. Describe how your mentor will contribute to your training program and his/her prior experience as a mentor of other investigators.

## Section 3: Contacts

### Research Supervisor:

You are required to provide the name of a research supervisor at your new organization who can verify your research service at the end of each quarter during your LRP award. This is required even if you are an independent investigator. For independent investigators, the research supervisor will be asked to review and certify your Research Activities document.

**Prior Research Supervisor Name**      **New Research Supervisor Name**

**New Research Supervisor Email**      **New Research Supervisor Commons ID**

example@example.com

### Mentored Awardee Only:

Please provide the contact information for your research mentor. The individual identified in this form will be contacted by email as soon as you return your completed COI application. Your mentor will be asked to review and certify your Research Activities, Research Environment and your Training/Mentoring Plan. Your mentor will also be asked to provide us with their biosketch in specified NIH format.

**Prior Research Mentor Name**      **New Research Mentor Name**      **New Research Mentor Email**

example@example.com

### Institutional Business Official (IBO):

To verify institutional support for your research, please provide the contact information for the official at the new institution where you will be conducting your research. This official will be asked to certify that you are or will be employed to conduct research for an average of at least 20 hours per week at your new institution. The IBO identified in this form will be contacted by email as soon as you return your completed application.

**Important:** The official providing this information should be someone authorized to represent your employing institution in an official capacity. Common position titles for IBOs are Dean, Associate Dean, Provost or Chancellor of Research & Sponsored Programs, or Vice President of Research Administration. If you are not certain whom to identify as your IBO, please consult with your research supervisor or principal investigator.

**New IBO Name**      **New IBO Email Address**      **New IBO eRA COMMONS ID**

First Name

Last Name

example@example.com

## Section 4: Funding Information

Please review the funding information on your current application. If this information is no longer correct, please provide us with the updated information. If there is more than one new funding source, simply recopy and insert as many funding sections as you need.

**Name of Funding Institution**

**Grant Number (if applicable)**

**Title of Grant/Award, or Salary**

**Amount of Grant/Award/Salary**

**Grant/Award Status**

Awarded

Pending Review

Salary

**Start Date**

**End Date**

Month Day Year

Month Day Year

## Section 5: Applicant Certification

I certify that the information given in this application is true, complete, and accurate to the best of my knowledge and does not omit any material fact that would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of the application, or, if awarded loan repayment, that I am liable for return of all awarded funds and, further, that any false statement may be punished as a felony under U.S Code, Title 18, Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

I authorize any program to which I owe a service obligation to release information about that obligation to administrators of the NIH Loan Repayment Programs and to other authorized Government officials.

Public reporting for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.

Privacy Act 09-25-0165