

NATIONAL CANCER INSTITUTE
CANCER RESEARCH TRAINING AWARD

Agreement to Provisions

In accepting this training award, I certify that I have read the program provisions and agree to comply with the terms outlined:

A. Qualifications:

1. I am a U.S. citizen

OR

- I am a Resident Alien and I am enclosing a copy of my Alien Registration (green or pink) card.

2. I meet the degree requirements and am enclosing a copy of my diploma or certification by the Dean or Registrar of that degree.

OR

- I am a student and am enclosing official documentation that I am enrolled in high school, college, university, or medical/graduate school or am formally recognized as a doctoral degree candidate.

B. Stipends and Benefits:

I will have adequate health insurance coverage either through the Foundation for Advanced Education in the Sciences, Inc. (FAES) or through another private plan. Payments or reimbursement from NCI will be limited to the cost of FAES low option coverage, and will be provided only if the policy is issued in my name or if additional costs are incurred as a result of being covered under a spouse's plan with my name listed as a "family member". Documentation verifying health insurance coverage and costs will be provided for a non-FAES policy.

I will immediately notify the Laboratory/Branch Office of any change in my status and I also agree to reimburse the U.S. Government for any days (other than excused absences) for which I have already been paid, but will not be in training. I understand that if I knowingly convert any overpayment for my use may be a violation of 18 United States Code §641.

If a clinical training assignment involving direct patient care is identified, I understand that my stipend will be increased to allow me to personally purchase medical liability insurance coverage under either a group plan offered by the Foundation for Advanced Education in the Sciences (FAES) or a private plan in the amounts of \$1,000,000 per occurrence, \$3,000,000 in the aggregate, and "tail" coverage in the event a malpractice claim is filed after

termination. In these instances, stipends will be increased to offset this expenditure (payable at the FAES plan rate). For clinical responsibilities, I must be granted patient care privileges and credentialing through the NIH's Clinical Center.

If authorized by the sponsoring Lab/Branch/Office, I will provide for my travel and dependents the ticket coupons by commercial carrier (e.g. bus, train, air) or odometer readings for travel by private automobile and lodging receipts, if any, in order to obtain reimbursement for travel to NCI to begin my Fellowship. I understand that such reimbursement will be in accordance with prevailing government regulations and CRTA Provisions. If authorized for shipment of household goods, I will not proceed with movement until notified by NIH.

I will seek advance approval for travel to attend scientific meetings, to do field research visits, or for training directly related to the purpose of my CRTA. I understand that the authorization of such allowances must be in accordance with government regulations.

C. Deductions:

I understand that I am not eligible for coverage under the Federal Employees Retirement System (FERS) and that deductions for this program, Social Security, and Medicare will not be made from my stipend.

I understand that my fellowship award is subject to federal, state and local income taxes. As required, I will file quarterly estimated returns with the appropriate agencies.

I will notify my respective Lab/Br/Office of a change in my home address of record so that the income information contained in the 1099G can be forwarded to me for annual tax reporting.

D. Leave of Absence and Outside Work:

I will seek approval from my sponsor for any excused leave of absence, and other appropriate officials to engage in outside employment.

E. Publications and Patents:

I will seek advice from my preceptor and request clearance for any publication resulting from my Fellowship in compliance with NIH's publication policies.

I agree not to disclose any confidential or proprietary information to which I may have access without the prior approval of my sponsor and Lab/Br Chief.

I will be bound by all provisions of Executive Order 10096, and any orders, rules, regulations or the like issued thereunder wherein NIH determines the rights of the Government and the Fellow in and to inventions conceived or actually reduced to practice during the period of the Fellowship. Furthermore, I will promptly disclose to my sponsor and other appropriate

officials all inventions that are conceived or first reduced to practice during the term of my Fellowship at NIH, and will sign and execute all papers necessary to convey to the Government the rights to which the Government is entitled in accordance with any determination made under the provisions of Executive Order 10096.

F. Other Administrative Requirements:

While on the premises of NIH, I will conform to all applicable administrative instructions and requirements of NIH and the Department of Health and Human Services, including all regulations and procedures concerning conduct, safety, and animal care. I am aware that my award may be terminated prior to the normal expiration date based on serious personal or scientific misconduct. Also, my award may be terminated based on my failure to comply with the terms and conditions of the award.

I have been advised of the NIH Occupational Medical Service's requirements related to fitness for duty while participating in the training assignment.

Signature of Fellow _____ Date _____

Signature of Parent or Guardian (if under 18) _____ Date _____