

UNIVERSITY OF CENTRAL ARKANSAS
Principal Investigator Registration Application
NATIONAL INSTITUTES OF HEALTH
eRA Commons

Full Name: _____
 First Middle Last

*User Name: _____
(aka User ID)

E-mail: _____

Date of Birth: _____ SSN: _____

Department: _____

Phone: _____ Fax: _____

Prior Support: Yes No

**If Yes: IC: _____ Serial Number of Award: _____

*The user name must be unique and contain from 6 to 20 characters.

**IC and serial number of at least one grant award.

NOTE: Please fill out the above information, call the Sponsored Programs Office (450-3451) to make an appointment with Beryline Temples, and bring a hard copy with you.