

**CHILDREN'S HOSPITAL BOSTON
OFFICE OF SPONSORED PROGRAMS**

eRA COMMONS ACCESS Request Form

Send completed forms to the OSP Grant Officer assigned to your department.

Full Name:

CHB ID:

Date of Birth:

Position Title:

Department:

E-mail Address:

Business Phone:

Has an eRA Commons username been issued to you previously? Yes No

If yes, what was your eRA Commons username? _____

Would you like to use the same eRA Commons username for your grant submission? Yes No