

1. CRCC Survey-OMB#: 0925-0458, Exp: 11/30/2010

Burden Disclosure Statement: Public reporting burden for this collection of information is estimated to average 30 minutes per survey, 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, ATTN: PRA (0925-0486). Do not return the completed form to this address.

Please complete this voluntary survey on the Clinical Research Curriculum Certificate and its impact on your career. We welcome your feedback and appreciate your honesty.

1. Please identify the year you completed your certificate.

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2. Please rate the following question.

	No impact	Small impact	Moderate impact	Substantial impact	Considerable impact	N/A
On a scale of 1-5 (1=none, 5=considerable), please indicate the impact this program has had on your professional career.	<input type="checkbox"/>					

3. Please provide the following contact information.

Name:

Company:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

4. Please provide an alternative email.

5. What professional degrees do you hold?

6. Are you currently performing clinical research?

Yes

No

Other (please specify)

7. What is your professional title?

8. What organization and/or department do you work for?

9. What is your primary field of concentration?

10. What is your academic status?

11. What is your current appointment?

12. What are your funding sources?

- None
- K01-Mentored Research Scientist Development
- K08-Mentored Clinical Scientist Development
- K12-Mentored Clinical Scientist Development
- K22-Career Transition Award
- K23-Mentored Patient Oriented Research
- K24-Midcareer Investigator Award in Patient Oriented Research
- K30-Clinical Research Curriculum Award

Other (please specify)

13. What is the dollar amount of your grant(s)?

- None
- Less than \$50,000
- \$50,001-\$100,000
- \$100,001-\$250,000
- \$250,001-\$500,000
- \$500,001-\$1,000,000
- Greater than \$1,000,000

Other (please specify)

14. Please list your publications.

2. Performance Indicators

Please answer the following optional questions.

1. What could the Office of Clinical Research Training and Medical Education improve on regarding the content of the Clinical Research Curriculum Certificate program?
Please be specific.

2. What are the most important clinical research challenges facing you in your career this year?

3. Please provide any additional comments.