

| Attachment 7 - eRA Commons Person Profile Data |         |               |   |  |  |  |  |  |  |  |  |  |
|--|---------|---------------|---|--|--|--|--|--|--|--|--|--|
| Currently Collected on OMB Cleared Forms       |         |               |   |  |  |  |  |  |  |  |  |  |
| OMB Clearance # 0925-0001                      |         |               |   |  |  |  |  |  |  |  |  |  |
| Field Name                                     | Req Opt | Type of Field | LOV   |  |  |  |  |  |  |  |  |  |
| <b>Personal Information</b>                    |         |               |   |  |  |  |  |  |  |  |  |  |
| Name Prefix                                    | O       | Text          |   |  |  |  |  |  |  |  |  |  |
| First Name                                     | R       | Text          |   |  |  |  |  |  |  |  |  |  |
| Middle Name                                    | O       | Text          |   |  |  |  |  |  |  |  |  |  |
| Last Name                                      | R       | Text          |   |  |  |  |  |  |  |  |  |  |
| Name Suffix                                    | O       | Text          |   |  |  |  |  |  |  |  |  |  |
| SSN (full or last 4)                           | O       | Text          |   |  |  |  |  |  |  |  |  |  |
| Gender   | R       | LOV           | DNWTP<br>Female<br>Male   |  |  |  |  |  |  |  |  |  |
| DOB (Include DNWTP option)                     | R       | Date          |   |  |  |  |  |  |  |  |  |  |
| Citizenship                                    | O       | LOV           | US Citizen or Non-citizen<br>National<br>Permanent Resident<br>Non Resident   |  |  |  |  |  |  |  |  |  |
| Citizenship Country                            | O       | LOV           | Country List  |  |  |  |  |  |  |  |  |  |
| <b>Disability</b>                              |         |               |   |  |  |  |  |  |  |  |  |  |
| Do you have?                                   | O       | Y/N           |   |  |  |  |  |  |  |  |  |  |
| Type of Disability                             | O       | Checkbox      | Hearing<br>Visual<br>Mobility/Orthopedic Impairment<br>Other  |  |  |  |  |  |  |  |  |  |
| <b>Race/Ethnicity</b>                          |         |               |   |  |  |  |  |  |  |  |  |  |
| Race   | R       | Checkbox      | American Indian or Alaska Native<br>Asian<br>Black or African American<br>White<br>Native Hawaiian or Pacific Islander<br>DNWTP |  |  |  |  |  |  |  |  |  |
| Ethnicity                                      | R       | LOV           | Hispanic/Latino<br>Intentionally Withheld<br>Non-Hispanic   |  |  |  |  |  |  |  |  |  |
| <b>Employments</b>                             |         |               |   |  |  |  |  |  |  |  |  |  |
| Employer: Select one:                          | R       |               |   |  |  |  |  |  |  |  |  |  |
| NIH Recognized Institution                     |         | Text          |   |  |  |  |  |  |  |  |  |  |
| NIH Institute or Center                        |         | LOV           | NIH ICs   |  |  |  |  |  |  |  |  |  |

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| OMB Clearance # 0925-0001                      |         |               |   |
| Field Name                                     | Req Opt | Type of Field | LOV   |
| <b>Employment Info</b>                         |         |               |   |
| Start Date                                     | R       | Date          |   |
| End Date                                       | O       | Date          |   |
| Title  | O       | Text          |   |
| <b>Employment Status</b>                       |         |               |   |
| Employment Status                              | R       | LOV           | Full-Time<br>Part-Time  |
| <b>Academic Rank</b>                           |         |               |   |
| Academic Rank                                  | O       | LOV           | Assistant Professor<br>Associate Professor<br>Instructor<br>Other<br>Professor                                      |
| <b>Position</b>                                |         |               |   |
| Position                                       | O       | LOV           | Assistant or Associate Dean<br>Chairperson of Dept (or<br>Director)<br>Dean<br>Other<br>President<br>Vice President |
| <b>Employment Type</b>                         |         |               |   |
| Employment Type                                | R       | LOV           | Federal<br>Non-Federal  |
| <b>Primary Employment?</b>                     |         |               |   |
| Primary Employment?                            | N       | Checkbox      |   |
| <b>Employment Address</b>                      |         |               |   |
| Line 1   | R       | Text          |   |
| Line 2   | O       | Text          |   |
| Line 3   | O       | Text          |   |
| Line 4   | O       | Text          |   |
| City   | R       | Text          |   |
| State  | R       | Text          |   |
| ZipCode  | R       | Text          |   |
| Country  | R       | LOV           | Country List  |
| Phone  | R       | Text          |   |
| Fax  | O       | Text          |   |
| E-mail   | R       | Text          |   |
| <b>Preferred Employment Address?</b>           |         |               |   |
| Preferred Employment Address?                  |         | Checkbox      |   |
| <b>Reviewer Address</b>                        |         |               |   |
| Line 1   | R       | Text          |   |
| Line 2   | O       | Text          |   |
| Line 3   | O       | Text          |   |
| Line 4   | O       | Text          |   |
| City   | R       | Text          |   |
| State  | R       | Text          |   |
| ZipCode  | R       | Text          |   |
| Country  | R       | LOV           | Country List  |
| Phone  | R       | Text          |   |
| Fax  | O       | Text          |   |

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| OMB Clearance # 0925-0001                        |         |               |                          |
| Field Name                                       | Req Opt | Type of Field | LOV                      |
| E-mail   | R       | Text          |                          |
| <b>Residential Address</b>                       |         |               |                          |
| Line 1   | R       | Text          |                          |
| Line 2   | O       | Text          |                          |
| Line 3   | O       | Text          |                          |
| Line 4   | O       | Text          |                          |
| City   | R       | Text          |                          |
| State  | R       | Text          |                          |
| ZipCode  | R       | Text          |                          |
| Country  | R       | LOV           | Country List             |
| Phone  | R       | Text          |                          |
| Fax  | O       | Text          |                          |
| E-mail   | R       | Text          |                          |
| <b>Degrees</b>                                   |         |               |                          |
| Degree Name                                      | R       | LOV           | See separate Tab for LOV |
| Degree Text (for Other)                          | O       | Text          |                          |
| Degree Completed?                                | R       | Radio Butt    | Yes<br>No/Inprogress     |
| Major  | O       | Text          |                          |
| Minor  | O       | Text          |                          |
| Institution                                      | R       | Text          |                          |
| Location (if not in US, indicate city & country) | O       | Text          |                          |
| Date (or expected Date) of Degree                | R       | Date          |                          |
| Length of Program (# of Yrs)                     | O       | Text          |                          |
| Area of Residency (Adding 1/2009)                | O       | Text          |                          |
| Residency End Date (Adding 1/2009)               | O       | Date          |                          |
| <b>Publications</b>                              |         |               |                          |
| Citation ID                                      | O       | Text          |                          |
| Citation Text                                    | R       | Text          |                          |
| <b>Reference Ltrs</b>                            |         |               |                          |
| Referee Name                                     |         |               |                          |
| Grant Number                                     |         |               |                          |
| FOA Number                                       |         |               |                          |
| Project Title                                    |         |               |                          |
| Organization/ Affiliation                        |         |               |                          |
| Department                                       |         |               |                          |
| eMail  |         |               |                          |
| Submitted Date                                   |         |               |                          |

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| OMB Clearance # 0925-0001                      |         |               |                    |  |  |  |  |  |  |  |  |  |  |  |
| Field Name                                     | Req Opt | Type of Field | LOV                |  |  |  |  |  |  |  |  |  |  |  |
| Trainee-Specific                               |         |               |                    |  |  |  |  |  |  |  |  |  |  |  |
| Non-Deliquency on US Federal Debt?             | R       | Radio Butt    | Yes<br>No          |  |  |  |  |  |  |  |  |  |  |  |
| Text Entry field if Yes                        |         | Text          |                    |  |  |  |  |  |  |  |  |  |  |  |
| Disadvantaged Background?                      | R       | LOV           | Yes<br>No<br>DNWTP |  |  |  |  |  |  |  |  |  |  |  |

## Degrees LOV in Person Profile

|      |  |
|------|--|
| AB   | BACHELOR OF ARTS                           |
| BA   | BACHELOR OF ARTS                           |
| BS   | BACHELOR OF SCIENCE                        |
| DDS  | DOCTOR OF DENTAL SURGERY                   |
| DMD  | DOCTOR OF MEDICAL DENTISTRY                |
| DPH  | DOCTOR OF PUBLIC HEALTH                    |
| DSC  | DOCTOR OF SCIENCE                          |
| DVM  | DOCTOR OF VETERINARY MEDICINE              |
| EDD  | DOCTOR OF EDUCATION                        |
| MA   | MASTER OF ARTS                             |
| MBBS | FOREIGN - BACHELOR OF MEDICINE AND SURGERY |
| MD   | DOCTOR OF MEDICINE                         |
| MPH  | MASTER OF PUBLIC HEALTH                    |
| MS   | MASTER OF SCIENCE                          |
| PHD  | DOCTOR OF PHILOSOPHY                       |
| RN   | REGISTERED NURSE                           |
| SCD  | DOCTOR OF SCIENCE                          |
| VMD  | DOCTOR OF VETERINARY MEDICINE              |
| OTH  | OTHER                                      |
| DRPH | DOCTOR OF PUBLIC HEALTH                    |
| BSN  | BACHELOR OF SCIENCE IN NURSING             |
| DC   | DOCTOR OF CHIROPRACTIC                     |
| DNSC | DOCTOR OF NURSING SCIENCE                  |
| DO   | DOCTOR OF OSTEOPATHY                       |
| FAAN | FELLOW OF THE AMERICAN ACADEMY OF NURSING  |
| JD   | DOCTOR OF JURIS PRUDENCE                   |
| MB   | FOREIGN - BACHELOR OF MEDICINE             |
| MBA  | MASTER OF BUSINESS ADMINISTRATION          |
| MLS  | MASTER OF LIBRARY SCIENCE                  |
| MPA  | MASTER OF PUBLIC ADMINISTRATION            |
| MSN  | MASTER OF SCIENCE IN NURSING               |
| OD   | DOCTOR OF OPTOMETRY                        |
| BOTH | OTHER BACCALAUREATE                        |
| MOTH | OTHER MASTERS                              |
| DOTH | OTHER DOCTORATE                            |
| MDOT | OTHER DOCTOR OF MEDICINE                   |
| VDOT | OTHER DOCTOR OF VETERINARY MEDICINE        |
| DDOT | OTHER DOCTOR OF MEDICAL DENTISTRY          |
| ENGD | FOREIGN - DOCTOR OF ENGINEERING            |
| PHMD | DOCTOR OF PHARMACY                         |
| ND   | DOCTOR OF NATUROPATHY                      |
| DSW  | DOCTOR OF SOCIAL WORK                      |
| PSYD | DOCTOR OF PSYCHOLOGY                       |
| DPM  | DOCTOR OF PODIATRIC MEDICINE               |