

Clinical Research Training Program/Medical Research Scholars Program Alumni Survey

[https://ocrtme.cc.nih.gov/mrsp/layouts/OCRTME/Survey/SurveyForm.aspx?XsnLocation=/mrsp/Forms/MRSP\\_Survey.xsn](https://ocrtme.cc.nih.gov/mrsp/layouts/OCRTME/Survey/SurveyForm.aspx?XsnLocation=/mrsp/Forms/MRSP_Survey.xsn)

OFFICE OF CLINICAL RESEARCH TRAINING AND MEDICAL EDUCATION



## Clinical Research Training Program/Medical Research Scholars Program Alumni Survey

Please take time to complete the survey below. Through this survey, the NIH Clinical Center's Office of Clinical Research Training and Medical Education will (a) identify opportunities that will enhance the research training we provide to medical, dental, and veterinary students, which may be shared with the community through publications, and (b) stay better connected with you and the other graduates of our clinical training programs. Please [click here](#) to view the privacy and burden disclosure statements

### Personal Information

Name	Last Name: <input type="text"/> *	First Name: <input type="text"/> *	MI: <input type="text"/>
Gender	<input type="text" value="Select..."/> *		
Ethnicity	<input type="text" value="Select..."/> *		
Telephone Number	<input type="text"/> * ( e.g. : xxx-xxx-xxxx)		
Email Address	<input type="text"/> *		

OCRTME/MRSP Program Information

### CRTP/MRSP Program Information

- 1) Program  \*
- 2) What year did you start your participation?  \* (e.g. : YYYY)
- 3) How many years of professional school had you completed prior to participating in the program?  \*
- 4) CRTP/MRSP Mentor  
Last Name:  \* First Name:  \*
- 5) CRTP/MRSP Tutor  
Last Name:  \* First Name:  \*
- 6) At which Institute did you conduct your research?  \*
- 7) Primary CRTP/MRSP project title  \*
- 8) Secondary CRTP/MRSP project title
- 9) Key words describing your CRTP/MRSP research project  
 Basic Discovery \*  
 Clinical Trials  
 Disease Control  
 Epidemiology  
 Etiology / Pathogenesis
- 10) Did you make presentations at national meetings while in the program?  \*
- 11) Did you have any peer-reviewed publications with  \*

12) Did you have any published chapters or reviews with your CRTP/MRSP mentor?  \*

13) What is your global assessment of the program's value to your career?  \*

14) Have you ever spoken to predoctoral health professional students about applying to the program?  \*

15) Have you spent any additional time at NIH after completing the program?  \*

16) Please provide any other comments about your experiences in the CRTP/MRSP ?

### Professional Degree Information

17) In what type of professional school were you enrolled?  \*

18) University

17) In what type of professional school were you enrolled?  \*

18) University

19) What clinical degree or equivalent did you earn?  \*

20) What is the date you expect/received this degree?  \*  \*

21) Did you go to residency training after graduating from professional school?  \*

22) Did you participate in fellowship training?  \*

23) What is your clinical specialty?

24) Have you earned any graduate degrees in addition to your initial professional degree?

25) Have you had any scholarly publications after receiving your professional degree?  \*

26) Have you received any honors since graduating professional school?  \*

27) When you complete/completed professional school, do you expect/did you have student debt?  \*

28) Has the potential for lower income prevented you from entering an academic career?  \*

**Current Profession**

29) What term best describes your current primary professional activity?

Clinician

Teacher

Investigator

Administrator

Other

30) What best describes the current site of your primary professional activity?

31) Do you have a current academic appointment?  \*

32) Are you currently involved in teaching?  \*

32) Are you currently involved in teaching?

Select... \* ▼

33) Are you currently engaged in research?

Select... \* ▼

34) Are you currently the Principal Investigator of at least one funded grant?

Select... \* ▼

35) Are you currently a co-investigator of at least one funded grant.

Select... \* ▼

36) Do you currently receive research funding from non-peer-reviewed sources (e.g. negotiated contracts, private donors, etc.)?

Select... \* ▼

37) Do you currently see patients?

Select... \* ▼

38) Do you serve in any leadership roles in organizations related to your clinical profession or biomedical science?

Select... \* ▼

37) Do you currently see patients?

Select... \* ▼

38) Do you serve in any leadership roles in organizations related to your clinical profession or biomedical science?

Select... \* ▼

39) Please list any other important milestones in your career

40) Please list any other significant academic interests

41) Please provide any additional comments about your career path

Submit