

**Attachment A.2.11: Data Form, Section 1—Report Annually**  
**DATA FORM**

The purpose of the Data Form is to document the BEST program activities at your institution and gather the information listed in the RFA. Please read these instructions prior to completing the sections. If you have any questions, please contact [insert contractor's name] at [insert contractor's email address].

The form consists of four sections: (1) Program Description and Participation in BEST Activities (reported annually); (2) Aggregating Data from Participating Departments/Graduate Programs (reported annually); (3) Baseline Information for the Five Years Prior to Receipt of the BEST Award (reported once); and (4) Information to Report in Year Four of the Award (reported once).

Updating the tables:

-If you do not need the example entries, you can enter the information from your institution by overwriting the information in the example cells.

-If you need to insert one or more rows into a table, click on the row number in the left margin of the worksheet to copy the entire example row, select "copy," and then select "Insert copied cells." You will now have two rows with examples. You can then enter your information that is specific to your institution by overwriting the example entries that you copied. Copying the row this way will allow you to keep the formatting for new rows.

Some of the questions have drop-down boxes embedded in the cell where the responses should be recorded. Cells with drop-down boxes have an arrow beside the cell, click on the cell where the response should be entered in order to see the arrow. Then, click on the arrow that is beside the cell in order to view the choices and click on the appropriate choice. The answer appears in the cell after it is selected.

**SECTION 1. PROGRAM DESCRIPTION AND PARTICIPATION IN BEST PROGRAM ACTIVITIES (REPORTED ANNUALLY)**

OMB# 0925-XXXX EXP. DATE: XX/XX/XXXX

Public reporting burden for this collection of information is estimated to average 180 minutes per response, 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-XXXX) at [insert contractor's email address]. Send the completed form to this address.

Please submit Section 1 annually to coincide with the submission of the NIH Research Performance Progress Report (RPPR) using the Secure Email File Transfer (SEFT) service. Email the form to [insert @nih.gov email address] If you have any questions, please contact [insert contractor's name] at [insert contractor's email address].

A. ACADEMIC YEAR REPORTING PERIOD

A1: START (MM/DD)

A2: END (MM/DD)

B. INSTITUTION

C. PROGRAM

D. NAME OF POINT OF CONTACT

E. EMAIL OF POINT OF CONTACT

F. DATE FORM SUBMITTED

## **RESPONSES**

**DATA FORM - SECTIC  
(REPORTED ANNUAL**

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**ON 1. PROGRAM DESCRIPTION AND PARTICIPATION IN BEST PROGRAM ACTIVITIES**  
**IV)**

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## PROGRAM DESCRIPTION

*The information collected in this section addresses the following RFA Items:*

- *Graduate Students: Participation in activities contributing to the goals of the program (how many students over what span of time).*
- *Postdoctoral Scientists: Degree of participation in activities contributing to the goals of the program (how many on average do they participate over what span of time).*

### **BEST PROGRAM FOR GRADUATE STUDENTS**

1a. Does your BEST program offer activities for graduate students?

1b. Describe the criteria to participate in the BEST program (*e.g., open to all graduate students in participating departments/graduate programs; open only to third year graduate students from participating departments/graduate programs; etc.*).

1c. How does your institution advertise and disseminate information about BEST activities to graduate students?

a. Program Website:

b. Flyers:

c. Listserv:

d. Word of Mouth:

e. Advertisements in Local Media (*e.g., radio, television, newspapers, etc.*):

f. Social Networking Site (*e.g., LinkedIn, Facebook, etc.*):

g. Other (please specify) \_\_\_\_\_:

1d. Do graduate students submit an application to participate in your BEST program?

1e. Describe the purpose, process, and selection criteria. In addition, please attach a copy of the application.

1f. Does your institution provide a certificate to graduate students for participation in your BEST program?

1g. Describe the certificate program and its requirements:

1h. How many graduate students have received a BEST certificate in the past academic year?

1i. Does your institution provide accredited professional certificates (not BEST-specific) to graduate students participating in the BEST program?

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1j. Describe the professional certificate programs and their requirements:

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1k. How many graduate students participating in BEST have received a professional certificate in the past academic year?

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**BEST PROGRAM FOR POSTDOCTORAL SCIENTISTS**

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2a. Does your BEST program offer activities for postdoctoral scientists?

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2b. Describe the criteria to participate in the BEST program (*e.g., open to all postdoctoral scientists in participating departments; open only to postdoctoral scientists from participating departments who have completed their first year of training at the institution; etc.*).

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2c. How does your institution advertise and disseminate information about BEST activities to postdo

a. Program Website:

b. Flyers:

c. Listserv:

d. Word of Mouth:

e. Advertisements in Local Media (e.g., radio, television, newspapers, etc.):

f. Social Networking Site (e.g., LinkedIn, Facebook, etc.):

g. Other (please specify) \_\_\_\_\_:

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2d. Do postdoctoral scientists submit an application to participate in your BEST program?

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2e. Describe the purpose, process, and selection criteria. In addition, please attach a copy of the application:

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2f. Does your institution provide a certificate to postdoctoral scientists for participation in your BEST program?

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2g. Describe the certificate program and its requirements:

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2h. How many postdoctoral scientists have received a BEST certificate in the past academic year?

2i. Does your institution provide accredited professional certificates (not BEST-specific) to postdoctoral scientists participating in the BEST program?

2j. Describe the professional certificate programs and their requirements:

2k. How many postdoctoral scientists participating in BEST have received a professional certificate in the past academic year?

**myIDP CAREER PATHS FOR GRADUATE STUDENTS/POSTDOCTORAL SCIENTISTS**

3. Which Career Paths are included in your BEST Program for graduate students and postdoctoral sci

<b>Career Paths</b>
<b>a. Principal investigator in a research-intensive institution</b> Independent researcher at a medical school, private research institute, government lab or university with minimal teaching responsibilities.
<b>b. Research in industry</b> Discovery or preclinical researcher; manager of a research team or facility.
<b>c. Research staff in a research-intensive institution</b> Staff scientist or researcher in academia or government, lab manager, director of a multi-user research facility in an academic institution.
<b>d. Combined research and teaching careers</b> Faculty at a liberal arts college or university whose job includes both research and major teaching responsibilities.
<b>e. Teaching-intensive careers in academia</b> A primarily teaching faculty position in a research university, liberal arts college, community college.
<b>f. Science education for K-12 schools</b> Classroom teacher; curriculum developer; science specialist.
<b>g. Science education for non-scientists</b> Education or public outreach specialist such as at a science museum or scientific society.
<b>h. Clinical practice</b> Clinician such as genetics counselor, therapist, physician.

<b>i. Public health related careers</b> Public health program analyst or evaluator; epidemiologist; biostatistician; medical informaticist.
<b>j. Scientific/medical testing</b> Testing specialist in an environmental, public health, genetics, or forensic science setting (intelligence agencies, federal/state departments of justice); clinical diagnostician.
<b>k. Science writing</b> Science, medical, or technical writer or journalist; science editor; science publisher.
<b>l. Research administration</b> Research administrator in private or public research institutions, government or academia, including compliance officers, grants and contracts officers; dean or director of research programs.
<b>m. Science policy</b> Public affairs/government affairs staff at scientific societies, foundations, government entities, or think tanks.
<b>n. Intellectual property</b> Patent agent; patent attorney; technology transfer specialist.
<b>o. Business of science</b> Management consultant; business development professional in a biotech company; venture capitalist; market researcher; investment analyst.
<b>p. Entrepreneurship</b> Starting your own business.
<b>q. Sales and marketing of science-related products</b> Medical science liaison; technical sales representative; marketing specialist.
<b>r. Support of science-related products</b> Technical support specialist; field application specialist; product development scientist or engineer.
<b>s. Drug/device approval and production</b> Regulatory affairs professional; quality control specialist.
<b>t. Clinical research management</b> Clinical research project/trials manager or coordinator.
<b>u. Other (please specify)</b> _____

**INDIVIDUAL DEVELOPMENT PLAN**

4a. Which Individual Development Plan (IDP) does your institution use? (Select One)
4b. For which group is an IDP required at your institution? (Select One)
4c. Which best describes the use of an IDP at your institution (Select One)
4d. Additional Comments:
4e. Is completion of an IDP mandatory for BEST participants? (Select One)



4f. Additional Comments:

**ADVISORY BOARD AND/OR STEERING COMMITTEE FOR BEST PROGRAM**

5a. Please select if your BEST program has the following: (Select One)

**If your program has an advisory board, please answer the following:**

5b. What is their role:

5c. How many members are serving on the board?

5d. Are the members external or internal to the institution? (Select One)

**If your program has a Steering Committee, please answer the following:**

5e. What is their role:

5f. How many members are serving on the committee?

5g. Are the members external or internal to the institution? (Select One)

5h. Additional Comments:

**STATUS UPDATE OF NIH SURVEY ADMINISTRATION**

6a. Is your institution administering the NIH surveys for the national cross-site evaluation?

6b. Which of the following surveys is your institution administering? (Select Yes/No)

a. Graduate Student Entrance Survey

b. Graduate Student Interim Survey

c. Graduate Student Exit Survey

d. Postdoctoral Scientist Entrance Survey

e. Postdoctoral Scientist Exit Survey

6c. How many surveys have been administered in the past academic year?

a. Number of Graduate Student Entrance Surveys:

b. Number of Graduate Student Interim Surveys:

c. Number of Graduate Student Exit Surveys:

d. Number of Postdoctoral Scientist Entrance Surveys:

e. Number of Postdoctoral Scientist Exit Surveys:

6d. Additional Comments:











## GUIDANCE FOR REPORTING PARTICIPATION IN BEST PROGRAM ACTIVITIES

### Activities Characterization

Categorize your BEST activities into the following three types:

**A. New** – The activity was initiated by the BEST award. It did not exist prior to the BEST award.

- o Example: The Awardee institution establishes a new professional mentoring program which involves pairing graduate students with alumni. This activity was not implemented prior to the BEST award.

**B. Existing activity substantially enhanced or expanded by BEST award** – The activity was in place at the Awardee institution prior to the BEST award, but the activity has been substantially enhanced or expanded. An existing activity may be considered substantially enhanced or expanded if the BEST award has allowed for the addition of new components or an increase in the scope of existing components.

- o Example: Prior to the BEST award, the institution offered graduate students in biomedical sciences two career tracks: entrepreneurship and science policy. Because of the BEST award, a government career track was added to the training curricula.
- o Example: Prior to the BEST award, the institution offered two internships each year. Because of the BEST award, the number of internships has doubled.

**C. Existing activity** – The activity was in place at the institution prior to the BEST award and has become part of the BEST program. The existing activity did not have to be substantially expanded or enhanced to fit in the BEST program. Note: if the activity has been updated in a manner that would have happened even without the BEST award, then that activity should be included under this category (existing).

- o Example: A grant writing workshop that has been offered to graduate students in the past is now being targeted to BEST postdoctoral scientists. The actual content has not been altered for BEST, and the only updates are the regular ones that would have occurred anyway, such as updating the points of contact within the institution, dates, etc.

### Reporting Individual and Aggregate Level Data

It is recognized that participation in BEST activities will vary. Some graduate students and postdoctoral scientists may only attend activities open to everyone in the participating departments/graduate programs, such as seminars or symposia, while others may attend activities requiring more participation in discussions or close interactions with peers, instructors, and professionals, such as workshops, courses, and internships.

The NIH is interested in gathering information from all levels of participation, so tables are provided to report participation at the individual and aggregate level. In cases where it may be challenging to accurately track attendance for activities delivered to a large gathering of graduate students and postdoctoral scientists, please report aggregate data for participation. Although graduate students and postdoctoral scientists, whose participation is only reported in the aggregate, are benefitting from the program, NIH is specifically interested in gathering individual level data.

The Awardee will determine the activities that are most suitable for individual tracking. To assist Awardees in making this determination, consider the following characteristics of activities for participants that could be reported at the individual level:

- Activity is mandatory for the BEST program;
- Attendance is tracked for BEST participants;
- Prior registration is needed in order to participate in a specific activity; or
- An application is needed to participate in a specific activity.

For purposes of completing the reporting tables in this Data Form, individuals participating in these activities would be considered “program participants.”

### **Selecting the Appropriate Tables to Report Participation in Your BEST Program**

Please review the codes and definitions of BEST activities in Table A and select the activities that are part of your BEST program. Column C lists the table to report the participation of graduates students/postdoctoral scientists in program activities. Use the Evaluation ID for each participant to report individual level data. Use one table per activity, for example, if your BEST program held five workshops during the past academic year, five tables (one for each workshop) will be used to report the participation of graduate students and/or postdoctoral scientists. If the definition of an activity does not encompass all aspects of your BEST activity, please note the additional aspects in the comment section of the reporting table.

The tables and examples are included in the subsequent pages. For activities reported on the individual level, copy and paste new tables below the example as needed. When adding new rows in order to report activities or participants, copy and paste the the blank row below the examples.



**Table A. Activity Code, Definition, Table for Reporting, and Data Type**

<b>A</b> Activity Code	<b>B</b> Definition
<b>Certificate Program</b>	Graduate students/postdoctoral scientists receive a certificate in recognition of their participation in the BEST program.
<b>Clubs</b>	An association or organization dedicated to a particular interest in which graduate students/postdoctoral scientists participate.
<b>Competitive Funding Source</b>	Graduate students/postdoctoral scientists compete for training funds or funds to travel to a career and/or professional development event, meeting, or conference.
<b>Course (for credit or not for credit)</b>	A course focusing on a topic or skill.
<b>Externship</b>	Job shadowing a professional at work for the purpose of observing the work environment and learning about the expectations of a profession.
<b>Internship</b>	Working in a professional setting for the purpose of receiving hands-on training.
<b>Mixer/Networking Event</b>	Gathering of graduate students/postdoctoral scientists and professionals with the purpose of networking. This event may take place in person or in an online setting.
<b>Peer Mentoring</b>	Activities involving graduate students/postdoctoral scientists mentoring each other, including group discussions or team meetings not part of a course, seminar, or workshop.
<b>Professional Mentoring</b>	Activities involving professionals mentoring graduate students or postdoctoral scientists. Professionals could include faculty members (other than PI/thesis advisor), institutional staff members, alumni, career coaches, or professionals in any industry. Mentoring can take place in a group setting or one-on-one.
<b>Resource</b>	A website, database or other resource created for the BEST program.
<b>Self-assessment</b>	Participants completes a career or personality self-assessment tool, such as the Myers-Briggs Personality Indicator (MBTI) or a Career Assessment Worksheet. A self-assessment may be an independent activity, or it could be a component of another activity, such as a workshop or course. Additionally, it may require a follow-up with faculty or staff members to discuss the results.
<b>Seminar</b>	One or more speakers give a presentation or lecture for the purpose of education or training. A seminar may take place in person or in an online setting. This activity may occur over one or more days.

<b>Symposium</b>	An event with multiple sessions and speakers. This activity may occur over one or more days.
<b>Visit to Employer Site</b>	Graduate students/postdoctoral scientists visit a work setting to learn more about an organization and tour the facility.
<b>Workshop</b>	An event for the purpose of gaining knowledge or skills which involves hands-on activities and active participation by attendees. A workshop may take place in person or in an online setting. This activity may occur over one or more days.
<b>Other (please specify):_____</b>	Please describe the activity

C Reporting Table	D Data Type
Table 7a	Individual
Table 7b	Aggregate
Table 7c	Individual
Table 7d	Individual
Table 7e	Individual
Table 7f	Individual
Table 7g	Aggregate
Table 7h	Individual
Table 7i	Individual
Table 7j	N/A
Table 7k	Aggregate
Table 7l (one day, attendance tracked)	Individual (Table 7l, 7m)
Table 7m (multiple days, attendance tracked)	
Table 7n (attendance not tracked)	Aggregate (Table 7n)

Table 7l (one day, attendance tracked)	Individual (Table 7l, 7m)
Table 7m (multiple days, attendance tracked)	Aggregate (Table 7n)
Table 7n (attendance not tracked)	
Table 7o	Individual level
Table 7l (one day, attendance tracked)	Individual (Table 7l, 7m)
Table 7m (multiple days, attendance tracked)	Aggregate (Table 7n)
Table 7n (attendance not tracked)	
Table 7p	Individual

**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES****Table 7a. Certificate Program (individual level)**

Awardee Activity Name: <i>Ex. BEST Careers Certificate</i>		
<b>Evaluation ID</b>	<b>Graduate Student or Postdoctoral Scientist</b>	<b>Received Certificate (Y/N)</b>
<i>Ex. 0000001</i>	<i>Graduate student</i>	<i>Y</i>
<i>Ex. 0000002</i>	<i>Postdoc</i>	<i>N</i>
<i>Ex. 0000003</i>	<i>Graduate student</i>	<i>Y</i>











**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 7c. Competitive Funding Sources  
(individual level)**

		<b>RESPONSES</b>	
Awardee Activity Name:		<i>Ex. BioTech Career Scholarship</i>	
Activity Characterization (Select One):		<i>A. New</i>	
If existing activity was substantially enhanced or expanded, explain how:			
Mandatory activity for BEST program? (Select Yes/No)		<i>No</i>	
Please describe the criteria for receiving the competitive funding:		<i>Ex. Graduate students must have completed their first year and consisting of the BEST program coordinator and two faculty r</i>	
Additional Comments:			
<b>Evaluation ID</b>	<b>Graduate Student or Postdoctoral Scientist</b>	<b>Activity Funded by Competitive Funding Source</b>	<b>Total Funds in US Dollars</b>
<i>Ex. 0000001</i>	<i>Graduate student</i>	<i>Travel to conference</i>	<i>\$2,000</i>
<i>Ex. 0000002</i>	<i>Postdoc</i>	<i>Registration fee for conference</i>	<i>\$200</i>




*I submit an essay. A committee members makes the determination.*

<b>BEST Award Funds in US Dollars</b>	<b>Non-BEST Award Funds in US Dollars</b>
<i>\$1,200</i>	<i>\$800</i>
<i>\$200</i>	<i>\$0</i>

**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 7d. Courses for Credit and Not for Credit  
(individual level)**

**RESPONSES**

Awardee Activity Name:	<i>Ex. Science Policy Careers course</i>
Topic:	<i>Ex. Provides the knowledge and skills i careers in science policy</i>
Activity Characterization (Select One):	<i>A. New</i>
If existing activity was substantially enhanced or expanded, explain how:	
Mandatory activity for BEST Program? (Select Yes/No)	<i>Yes</i>
Campus or University:	<i>Ex. GIT</i>
Is this course for credit or not for credit? (Select Credit/Not for Credit)	<i>Credit</i>
If course is for credit, how many credit hours?	<i>Ex. 2 credit hours</i>
Number of Hours per session:	<i>Ex. 1 hour</i>
Total Number of Hours:	<i>Ex. 30 hours</i>
Span of Time in Weeks:	<i>Ex. 10 weeks</i>
Does participation in this activity require PI permission? (Select Yes/No)	<i>No</i>
Are there requirements for participation in this activity? (Select Yes/No)	<i>No</i>
If yes, please describe the requirements for participation:	<i>Ex. Graduate students must have passe exams and postdoctoral scientists must</i>
Additional Comments:	
<b>Evaluation ID</b>	<b>Graduate Student or Postdoctoral Scientist</b>
<i>Ex. 0000001</i>	<i>Graduate student</i>
<i>Ex. 0000002</i>	<i>Postdoc</i>
<i>Ex. 0000003</i>	<i>Graduate student</i>



**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 7e. Externships (individual level)      RESPONSES**

Awardee Activity Name:		<i>Ex. My Career Externship</i>	
Activity Characterization (Select One):		<i>B. Existing activity substantially enhanced or expanded by BEST award</i>	
If existing activity was substantially enhanced or expanded, explain how:		<i>Ex. Because of the BEST Award, we have increased our number of in</i>	
Mandatory activity for the BEST program? (Select Yes/No)		<i>No</i>	
Are PIs reimbursed for the time graduate students are out of the lab? (Select Yes/No)		<i>No</i>	
Are PIs reimbursed for the time postdoctoral scientists are out of the lab? (Select Yes/No)		<i>Yes</i>	
Does participation in this activity require PI permission? (Select Yes/No)		<i>No</i>	
Are there requirements for participation in this activity? (Select Yes/No)		<i>No</i>	
If yes, please describe the requirements for participation:			
Is there an application for this activity? (Select Yes/No)		<i>Yes</i>	
Additional Comments:			
<b>Evaluation ID</b>	<b>Graduate Student or Postdoctoral Scientist</b>	<b>Company Name</b>	<b>Duties</b>
<i>Ex. 0000001</i>	<i>Postdoc</i>	<i>Writing Company</i>	<i>Proofreading science publications</i>
<i>Ex. 0000002</i>	<i>Graduate student</i>	<i>BioTech</i>	<i>Job shadowing</i>
<i>Ex. 0000003</i>	<i>Graduate student</i>	<i>Teaching Organization</i>	<i>Observe classes</i>



**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 7f. Internships (individual level)                      RESPONSES**

Awardee Activity Name:		<i>Ex. Internship</i>	
Activity Characterization (Select One):		<i>A. New</i>	
If existing activity was substantially enhanced or expanded, explain how:			
Mandatory activity for the BEST program? (Select Yes/No)		<i>No</i>	
Are PIs reimbursed for the time graduate students are out of the lab? (Select Yes/No)		<i>No</i>	
Are PIs reimbursed for the time postdoctoral scientists are out of the lab? (Select Yes/No)		<i>Yes</i>	
Does participation in this activity require PI permission? (Select Yes/No)		<i>No</i>	
Are there requirements for participation in this activity? (Select Yes/No)		<i>Yes</i>	
If yes, please describe the requirements for participation:		<i>Ex. No requirements for postdocs, graduate students must</i>	
Is there an application for this activity? (Select Yes/No)		<i>Yes</i>	
Additional Comments:			
<b>Evaluation ID</b>	<b>Graduate Student or Postdoctoral Scientist</b>	<b>List Percentage Salary Covered by Internship Partner</b>	<b>List Percentage Salary Covered by Other Sources (e.g., graduate school, department funds, etc.) and Source Name</b>
<i>Ex. 0000001</i>	<i>Postdoc</i>	<i>0%</i>	<i>0%</i>
<i>Ex. 0000002</i>	<i>Graduate student</i>	<i>0%</i>	<i>100%, graduate school</i>
<i>Ex. 0000003</i>	<i>Graduate student</i>	<i>70%</i>	<i>30%, department funds</i>













**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 7h. Peer Mentoring (individual level)**

**RESPONSES**

Awardee Activity Name:		<i>Ex. Mentoring Circles</i>
Activity Characterization (Select One):		<i>A. New</i>
If existing activity was substantially enhanced or expanded, explain how:		
Mandatory activity for the BEST program? (Select Yes/No)		<i>No</i>
Does participation in this activity require PI permission? (Select Yes/No)		<i>No</i>
Are there requirements for participation in this activity? (Select Yes/No)		<i>No</i>
If yes, please describe the requirements for participation:		
Additional Comments:		
<b>Evaluation ID</b>	<b>Graduate Student or Postdoctoral Scientist</b>	<b>Mentoring Focus</b>
<i>Ex. 0000001</i>	<i>Graduate student</i>	<i>How-To: Discussions with PI</i>
<i>Ex. 0000002</i>	<i>Postdoc</i>	<i>Career Planning</i>
<i>Ex. 0000003</i>	<i>Graduate student</i>	<i>Obtaining Postdoc Position</i>

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<b>Type of Mentorship (Select One)</b>	<b>Approximate Number of Hours per Session</b>	<b>Total Number of Sessions</b>	<b>Approximate Total Hours (Approximate Number of Hours per Session x Total Number of Sessions)</b>	<b>Span of Time in Weeks</b>
<i>A. Group</i>	<i>3 hours</i>	<i>10 sessions</i>	<i>30 hours</i>	<i>10 weeks</i>
<i>A. Group</i>	<i>3 hours</i>	<i>1 session</i>	<i>3 hours</i>	<i>1 week</i>
<i>B. One-on-One</i>	<i>1 hours</i>	<i>4 sessions</i>	<i>4 hours</i>	<i>4 weeks</i>




<b>Mandatory Activity for this Participant (Y/N)</b>
Y
N
Y



**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 7i. Professional Mentoring (*individual level*)**      **RESPONSES**

Awardee Activity Name:		<i>Ex. Alumni Career Advice</i>
Activity Characterization (Select One):		<i>A. New</i>
If existing activity was substantially enhanced or expanded, explain how:		
Mandatory activity for BEST program? (Select Yes/No)		<i>Yes</i>
Type of mentor (e.g., faculty, career coach, alumni, professional in industry, etc.):		<i>Ex. Alumni</i>
Does participation in this activity require PI permission? (Select Yes/No)		<i>No</i>
Are there requirements for participation in this activity? (Select Yes/No)		<i>No</i>
If yes, please describe the requirements for participation:		
Additional Comments:		
<b>Evaluation ID</b>	<b>Graduate Student or Postdoctoral Scientist</b>	<b>Mentoring Focus</b>
<i>Ex. 0000001</i>	<i>Graduate student</i>	<i>Getting a job in consulting</i>
<i>Ex. 0000002</i>	<i>Postdoc</i>	<i>Science policy</i>
<i>Ex. 0000003</i>	<i>Graduate student</i>	<i>Starting a business</i>






<b>Mandatory Activity for this Participant (Y/N)</b>
Y
N
Y









<b>Additional Comments</b>









<b>Mandatory Activity for BEST Program (Y/N)</b>	<b>Additional Comments</b>
Y	

**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 71. Activities such as Seminars, Workshops, or Symposia that Occur within One Day (individual level)**

		<b>RESPONSES</b>
Awardee Activity Name:		<i>Ex. Writing Abstracts Workshop</i>
Activity Code (Select One):		<i>B. Workshop</i>
If Other, please specify:		
Topic:		<i>Ex. Writing Skills</i>
Activity Characterization (Select One):		<i>A. New</i>
If existing activity was substantially enhanced or expanded, explain how:		
Delivery (Select One):		<i>B. In Person</i>
Campus or University:		<i>Ex. Emory</i>
Mandatory activity for BEST program? (Select Yes/No)		<i>No</i>
Does participation in this activity require PI permission (Select Yes/No)		<i>No</i>
Are there requirements for participation in this activity? (Select Yes/No)		<i>No</i>
If yes, please describe the requirements for participation:		
Additional Comments:		
<b>Evaluation ID</b>	<b>Graduate Student or Postdoctoral Scientist</b>	<b>Approximate Number of Hours</b>
<i>Ex. 0000001</i>	<i>Graduate student</i>	<i>2</i>
<i>Ex. 0000002</i>	<i>Postdoc</i>	<i>3</i>
<i>Ex. 0000003</i>	<i>Graduate student</i>	<i>4</i>



**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 7m. Activities such as Seminars, Workshops, or Symposia that Occur over Multiple Days (individual level)**

		<b>RESPONSES</b>
Awardee Activity Name:		<i>Ex. Careers Outside Acade</i>
Activity Code (Select One):		<i>A. Seminar</i>
If Other, please specify:		
Topic:		<i>Ex. Overview of Career Pat</i>
Activity Characterization (Select One):		<i>A. New</i>
If existing activity was substantially enhanced or expanded, explain how:		
Delivery (Select One):		<i>B. In Person</i>
Campus or University:		<i>Ex. Emory</i>
Number of Days:		<i>Ex. 4 days</i>
Number of Hours per Day:		<i>Ex. 4 hours</i>
Total Number of Hours:		<i>Ex. 4 hours x 4 days = 16 h</i>
Span of Time in Weeks:		<i>Ex. 4 days over 4 weeks</i>
Mandatory activity for the BEST program? (Select Yes/No)		<i>Yes</i>
Does participation in this activity require PI permission? (Select Yes/No)		<i>No</i>
Are there requirements for participation in this activity? (Select Yes/No)		<i>No</i>
If yes, please describe the requirements for participation:		
Additional Comments:		
Evaluation ID	Graduate Student or Postdoctoral Scientist	Mandatory Activity for this Participant (Y/N)
<i>Ex. 0000001</i>	<i>Postdoc</i>	<i>Y</i>
<i>Ex. 0000002</i>	<i>Graduate student</i>	<i>N</i>
<i>Ex. 0000003</i>	<i>Graduate student</i>	<i>N</i>



*nia*

*hs*

*ours*

<b>Attended Day 1</b>	<b>Attended Day 2</b>	<b>Attended Day 3</b>	<b>Attended Day 4</b>
<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
<i>X</i>		<i>X</i>	<i>X</i>
<i>X</i>			









**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 7o. Visit to Employer Site (*individual level*)**

Awardee Activity Name:	
Activity Characterization (Select One):	
If existing activity was substantially enhanced or expanded, explain how:	
Mandatory activity for BEST program? (Select Yes/No)	
Does participation in this activity require PI permission? (Select Yes/No)	
Are there requirements for participation in this activity? (Select Yes/No)	
If yes, please describe the requirements for participation:	
Additional Comments:	
<b>Evaluation ID</b>	<b>Name of Company</b>
<i>Ex. 000001</i>	<i>Whalen Biomedical Laboratories</i>



**RESPONSES**

<i>Ex. Career Trek</i>
<i>A. New</i>
<i>Yes</i>
<i>No</i>
<i>No</i>
<i>Graduate students must be in their fourth year</i>
<b>Approximate Number of Hours</b>
<i>2</i>

**TABLES TO REPORT PARTICIPATION IN BEST ACTIVITIES**

**Table 7p. Other (please specify):**  **RESPONSES**

Awardee Activity Name:		
Activity Description:		
Activity Characterization (Select One):		
If existing activity was substantially enhanced or expanded, explain how:		
Mandatory activity for BEST program? (Select Yes/No)		
Does participation in this activity require PI permission? (Select Yes/No)		
Are there requirements for participation in this activity (Select Yes/No)		
If yes, please describe the requirements for participation:		
Additional Comments:		
Evaluation ID	Graduate Student or Postdoctoral Scientist	Approximate Number of Hours
<i>Ex. 0000001</i>	<i>Graduate student</i>	2
<i>Ex. 0000002</i>	<i>Postdoc</i>	3
<i>Ex. 0000003</i>	<i>Graduate student</i>	4




<b>Mandatory Activity for this Participant (Y/N)</b>
<i>Y</i>
<i>N</i>
<i>N</i>