

## **Direction to Trainees for CareerTrac Data Expansion**

Please take 10-15 minutes to review this spreadsheet and update or provide any new information that will help us demonstrate the value of the T32 training program.

If you only have a limited amount of time to provide new information, we ask that you focus on providing information about any employment you have had since leaving the training program (see Tab7 Employment Tab) and on any career highlights (Tabs 6-15) that you would like to report (See Tab 6, Career Highlights).

### **Making Changes to Data Imported from IMPAC II (Fields shaded gray )**

If a field is shaded gray, that information is imported from the NIH IMPAC II system, via either the Commons profile or the xTrain module. If you need to make changes to information in a gray field, you must do so in IMPAC II not CareerTrac.

See the eRA Commons user guide for step by step instructions to enter or edit your personal profile information. The link is listed below

[http://era.nih.gov/files/personal\\_profile\\_userguide.pdf](http://era.nih.gov/files/personal_profile_userguide.pdf)

### **Returning the Spreadsheet**

Please return the form to the Principal Investigator for the UNIVERSITY OF MICHIGAN T32 program by 09/20/2015.

PI email address: [john.doe@umich.edu](mailto:john.doe@umich.edu)

### **Respondent Burden Statement**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, 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 0925-0568

Do not return the completed form to this address.

### **This questionnaire includes the following sections:**

#### **Personal Information-----Tab 2**

This section contains questions regarding your personal information, including name and email address.

#### **Contact Information-----Tab 3**

This section contains questions regarding your mailing address and phone number.

#### **Pre-Training Information-----Tab 4**

This section contains questions regarding your professional and educational history before your T32 funding / training

#### **In-Training Experience -----Tab 5**

This section contains questions regarding your T32-funded training experience. It also contains questions regarding the degree or certificate earned through your T32-funded training, the start and end date of your funding period, and mentor data etc...

#### **Accomplishments-----Tab 6 - 15**

This section contains questions regarding your personal achievements that can be attributed to your T32-funded training.

- [> Career Highlights-----Tab 6](#)
- [> Employment-----Tab 7](#)
- [> Fellowship-----Tab 8](#)
- [> Honor and Awards-----Tab 9](#)
- [> New Competitive Funding-----Tab 10](#)
- [> Post-Training Education-----Tab 11](#)
- [> Posters at Scientific Meeting-----Tab 12](#)
- [> Product or Policy Development-----Tab 13](#)
- [> Publications-----Tab 14](#)
- [> Students-----Tab 15](#)

## Personal Information

<b>First Name:</b>	Bruce
<b>Middle Name:</b>	
<b>Last Name :</b>	Wayne
<b>Suffix (ie. Jr., Sr., I.):</b>	
<b>Address Line 1:</b>	1234 MAPLE HILL EAST
<b>Address Line 2:</b>	WEST BLOOMFIELD, MI 48323
<b>Address Line 3:</b>	
<b>Address Line 4:</b>	
<b>Address Line 5:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Country:</b>	
<b>Postal Code:</b>	
<b>Phone Number:</b>	
<b>Fax Number:</b>	
<b>Email Address:</b>	
<b>Training Status:</b>	Post-Training

## Alternative Contact Information

<b>Alternative Address Line 1:</b>	1234 Mountain Lane
<b>Alternative Address Line 2:</b>	
<b>Alternative Address Line 3:</b>	
<b>Alternative Contact City:</b>	Gotham
<b>Alternative Contact State:</b>	NY
<b>Alternative Contact Country:</b>	UNITED STATES
<b>Alternative Contact Postal Code:</b>	1234
<b>Phone Number:</b>	555-555-5555
<b>Cell Phone:</b>	555-555-5555
<b>Alternate Email Address:</b>	brucewayne@wayneenterprice.com

























# Accomplishments: Students

Please indicate the number of students the trainee has trained/educated in an area related to his/her NIEHS research training.

<b>Year of Training (YYYY)</b>	<b>Number of students that you have trained or educated <i>(required)</i></b>	<b>Training status when accomplished <i>(required)</i></b>
2000	12	Post-Training