

OMB No. 0925-0642

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### The Burden Statement

Public reporting burden for this collection of information is estimated to average 5 minutes, 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 (0925-0642). Do not return the completed form to this address.

Dear Participants, it is now several months after the end of the NCI summer curriculum program and we wanted to touch base with you to assess if and how the course has impacted you professionally. This online survey should take you less than 5 minutes to fill out and is secure, to the extent required by law. Your responses however are essential to help us further refine our program.

OK

### 1. Please indicate which course(s) you attended (please check the box that applies to you)

- Principles and practice of Cancer Prevention and Control
- Molecular Prevention
- Both

### 2. Please describe how you were able to apply what you learnt in the NCI summer curriculum program (please indicate all that applies to you)

- Develop new research projects
- Modify existing research projects
- Share the training materials obtained
- Conduct training based on the course
- Modify clinical practice
- Other (describe)
- I was not able to apply what I learnt

3. For those of you who attended the Principles course, were you able to further develop your concept paper?

- Yes
- No
- I never intended to further develop my concept paper

4. Were you able to develop collaborations as a result of the NCI summer curriculum program?

- Yes
- No
- I was not interested in establishing collaborations

5. If you answered yes to question 4, please indicate the following

	0	1	2	3	4+
Number of collaborations established with NCI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of collaborations established with other course participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of countries involved in these collaborations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. If applicable, please list other benefits you experienced in attending this program / course

DONE

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