Attachment 15 - eRA Commons Person Profile Data
Currently Collected on OMB Cleared Forms
OMB Clearance # 0925-0001

Field Name	Req Opt	Type of Field	LOV or Notes
Name and ID			
Name Prefix	O	Text	
First Name	R	Text	
Middle Name or Initial	O	Text	
Last Name	R	Text	
Name Suffix	O	Text	
eRA Email	R	Text	
ORCHID ID	R	Text	Will be a data feed from another system
IDENTIFICATION			
DOB (Include DNWTP option)	R	Date	DNWTP check provided
SSN (full or last 4)	O	Text	
CITIZENSHIP STATUS			
Citizenship Country	R	LOV	Country List
Status in the United States	R	Radio Buttons	US Citizen or Non-citizen National Permanent Resident of US Non-U.S. Citizen w/a temporary U.S. Visa Non-U.S. Citzen--Not Residing in the U.S.
DEMOGRAPHICS			
Gender	R	Radio Buttons	Female Male DNWTP
Ethnicity and Race			
Ethnicity	R	Radio Buttons	Hispanic/Latino Non-Hispanic DNWTP
Race	R	Checkboxes	American Indian or Alaska Native >>Tribal Affiliation *<text box>* Asian Black or African American Native Hawaiian or Pacific Islander White DNWTP
Disability			
Do you have?	R	Y/N	
Type of Disability (Check all that apply)	R	Checkboxes	Vision Hearing Mobility/Orthopedic Other DNWTP
TRAINING AND CAREER DEVELOPMENT SPECIFIC DATA			
Non-Deliquency on US Federal Debt?	R	Radio Buttons	No Yes
Text Entry field if Yes		Text	
Disadvantaged Background?	R	Radio Buttons	No Yes DNWTP Not Applicable to me (not an undergraduate)
EMPLOYMENT			
Add a New Job			
Employer: Select one:	R		
I work in a company or institution outside NIH		Radio Button	When selected an LOV of organizations registered in the eRA Commons is available to select from
I work inside NIH		Radio Button	When selected, a LOV of NIH ICs is available
Start Date	R	Date	
End Date	O	Date	

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Field Name	Req Opt	Type of Field	LOV or Notes
Job Title	O	Text	
About This Job			
Primary Employment?	R	Checkbox	
	R	Radio Button	Full-Time Part-Time
This is a job working directly for the federal government.	R	Radio Button	Yes No
This is a faculty teaching position.	O	Checkbox	If Checked, then the following Academic Rank LOV is used
Academic Rank	O	LOV	Assistant Professor Associate Professor Instructor Other Professor
This is an academic administrative position.	O	Checkbox	If Checked, then the following Position LOV is used
Position	O	LOV	Assistant or Associate Dean Chairperson of Dept (or Director) Dean Other President Vice President
Addresss & Contact Information			
E-mail	R	Text	
Phone	R	Text	
Street Address Line 1	R	Text	
Street Address Line 2	O	Text	
City	R	Text	
State	R	LOV	State List
ZipCode	R	Text	
Country	R	LOV	Country List
Reviewer Information			Options:
What address should NIH use to contact you for reviews?		Radio Button	Use my work address Use my home address
			Provide a different address If checked
Different Address			
Street Address	R	Text	
City	R	Text	
State	R	LOV	
ZipCode	R	Text	
Country	R	LOV	Country List
Home Address			
Street Address	R	Text	
City	R	Text	
State	R	LOV	State List
ZipCode	R	Text	
Country	R	LOV	Country List
Eligibility for Continuous Submission		LOV	LOV updated annually. Current values are: Eligibility Period: 08/16/2012 – 09/30/2013 Eligibility Period: 08/16/2013 – 09/30/2014 Eligibility Period: 08/16/2014 – 09/30/2015
TRAINEE PERMANENT ADDRESS			

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Field Name	Req Opt	Type of Field	LOV or Notes
Street Address	R	Text	
City	R	Text	
State	R	LOV	State List
ZipCode	R	Text	
Country	R	LOV	Country List
E-mail	R	Text	
Phone	R	Text	
EDUCATION			
Degrees			
Degree Name	R	LOV	See separate Tab for LOV
Degree Text (for Other)	O	Text	
Status:		Radio Buttons	
Degree Completed	R	Radio Buttons	w/Corresponding Date Field
In Progress, expected		Radio Buttons	w/Corresponding Date Field
Length of Program (# of Yrs)	O	LOV	1 - 9 Years
Institution	R	Text	
Location (if not in US, indicate city & country)	O	Text	
Is this your Terminal Research Degree?	O	Checkbox	
Area of Study-Primary	O	Text	
Area of Study-Secondary	O	Text	
Area of Residency	O	Text	
Residency Date Completed or Expected	R	Date	
System Generated Fields			
Fields used to aid in NI/ESI efforts. All are system-generated but part of the Person Profile			
ESI Eligibility		Yes/No	
End of Eligibility Date		Date	
New Investigator Eligibility		Yes/No	
Appeal Date		Date	
Appeal Outcome		Text	
An exception policy has been implemented. These exceptions are handled via an appeal process.			
Reference Ltrs			
Referee First Name	R		
Referee Last Name	R		
Referee MI Name	O		
Referee eMail	R		
Referree Institution/Affliation	R		
Referree Department	R		
PI Commons User ID	R		
PI Last Name	R		
FOA Number	R		
Reference Letter Confirmation # (if re-submitting)	O		

Degrees LOV in Person Profile

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

SAMHSA Reviewer Contact Information (RCI) form			
Currently Collected on OMB Cleared Forms			
OMB Clearance # 0930-0255			

This SAMHSA Reviewer section will only display if SAMHSA DGR staff manually mark the person as 'SAMHSA Reviewer' via Person Admin checkbox or similar (TBD).

Field Name	Req Opt	Type of Field	LOV or Notes
<TBD category heading>			
Past or Current Affiliation	O	Checkboxes	Limit 1: Community Based Organization Consultant Direct Treatment for Mental Health or Substance Abuse Faith Based Organization Federal, State, and County Government Substance Abuse Prevention Tribal Government Research University, Colleges, and Other Higher Education Systems Other *<plus text field>*
Do you identify as Transgender?	R	Radio Buttons	Yes No
Licensed Professional in Mental Health or Substance Use Disorder	O	Text	
Primary Expertise			
Primary Expertise	O	Checkboxes	All that apply: Drug-Free Communities Substance Abuse Prevention Substance Abust Treatment Mental Health
Secondary Expertise			(maximum total of 5 over 3 categories)
A. Target Population	O	Checkboxes	Adolescents/High Risk Youth Consumer/Consumer Support Family Member of Consumer Disabled Families Infants and Children Homeless Military Women Seriously Mentally Ill Adults Veterans LGBTQ Other *<plus text box>*
B. Substance Abuse and Clinical Issues	O	Checkboxes	Alcohol Antisocial Behavior Crack/Cocaine Children's Mental Health Co-Occurring Substance Abust and Mental Health Depression/Manic Depression Eating Disorders Ecstasy Fetal Alcohol Syndrome Heroin HIV/AIDS Inhalants Marijuana Medical Treatment Methamphetamine Methadone Treatment Obsessive Compulsive Disorder Personality Disorders Post-traumatic Stress Prescription Drugs Psychotic Disorders Suicide Prevention

SAMHSA Reviewer Contact Information (RCI) form
Currently Collected on OMB Cleared Forms
OMB Clearance # 0930-0255

This SAMHSA Reviewer section will only display if SAMHSA DGR staff manually mark the person as 'SAMHSA Reviewer' via Person Admin checkbox or similar (TBD).

Field Name	Req Opt	Type of Field	LOV or Notes
C. Other Expertise	O	Checkboxes	Counseling Drug Courts Criminal Justice Programs Faith Based Community Approaches Workplace Programs Coalition Building/Collaboration Health Information Technology Program Planning Management Research/Evaluation Residency Training (Medical) Training/Technical Assistance State Systems Violence Prevention Programs Integrated Care Other *plus text box*
Grant Review/Writing Experience			

Grant Review/Writing Experience - provide specific information about your review history in the box(es)	O	Checkboxes/ Text	Experienced SAMHSA Reviewer
			   (Dates/No. of Reviews Completed)
			Experienced Federal Reviewer
			   (Dates/Agency/No. of Reviews Completed)
			Experienced Non-Federal Reviewer
			   (Dates/Agency/No. of Reviews Completed)
			No Review Experience

Include a brief paragraph summarizing your general expertise in relation to substance abuse treatment, substance abuse prevention, and mental health	O	Text	