

## Attachment 2a – Exit Survey Screenshots

The Exit Survey consists of 2 parts: Part 1 the Alumni Network and Part 2 the Exit Feedback Survey about the Training Experience.

### Part 1: Alumni Network Survey

This screenshot shows when a respondent answers the questions and submits.

The “OMB Burden Statement” is to the right of the “Welcome” message.

When the trainee clicks the link, the screenshot to the right is shown.

Black box indicates a person’s name that has been blacked out.

**OMB Burden Statement**

OMB No.: 0925-XXXX  
Expiration Date: xx/xx/20xx

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing at any time. Refusal to participate will not affect your benefits in any way. The information collected will be kept private to the extent provided by law. Names and other identifiers will not appear in any report information you provide will be used to maintain and alumni for the NCI Center for Cancer Training. You are being asked to complete the alumni survey, so you can be part of the alumni network and will receive information from NCI.

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

Accessibility | Disclaimer | FOIA | Privacy & Security  
U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov

**NATIONAL CANCER INSTITUTE**  
ELECTRONIC INDIVIDUAL DEVELOPMENT PLAN (eIDP)

Welcome. We are interested in learning about your experience as a trainee. We will use the information we collect to assess and improve our fellowship programs. There are two parts to this survey: Part 1 is a way to join our [alumni network](#); Part 2 will [assess your experience](#) as a trainee and responses are only reported in aggregate. Information completed in Part 2 will be kept private, to the extent provided by law.

**OMB No.: 0925-XXXX**  
**Expiration Date: xx/xx/20xx**  
[OMB Burden Statement](#)

**ALUMNI INFORMATION**

**Contact and Other Information**

Please provide your contact and next position information so that you can be included in the NCI Trainee Alumni Network.

Full Name: [Redacted] Preferred Name: [ ] Personal Email: [ ]

Are you willing to be contacted for future NCI Alumni events?  
 Yes  No

If you are going to school/doing additional training, is it for:  
 Master Degree  
 Doctoral Degree  
 Medical Degree  
 Clinical Training  
 Not Applicable  
 Other

If you have taken a new job, at what type of organization will you be working?  
 Academia  
 Government  
 Industry/For-Profit  
 Not-for-profit  
 Not Applicable  
 Other Sector(please specify)

New Position title: (Enter N/A if not applicable)  
[ ]

What duties will your job include? Please mark all that apply.

<input type="checkbox"/> Administrative	<input type="checkbox"/> Clinical	<input type="checkbox"/> Communications
<input type="checkbox"/> Consulting	<input type="checkbox"/> Intellectual Property	<input type="checkbox"/> Project Management
<input type="checkbox"/> Policy	<input type="checkbox"/> Research	<input type="checkbox"/> Teaching
<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Other (Please specify):	

Is there anything that you would like to share with your training director about your experience at NCI?  
[ ]  
maximum characters:3000

Accessibility | Disclaimer | FOIA | Privacy & Security  
U.S. Department of Health and Human Services | National Institutes of Health | National Cancer Institute | USA.gov

# Part 1: Alumni Network

This screenshot appears if a respondent declines to answer the questions.

The screenshot shows a survey form from the National Cancer Institute (NIH) titled "Individual Development Plan (IDP)". A modal dialog box titled "Decline to Answer" is overlaid on the form. The dialog box contains the text: "Are you sure you'd like to skip this section? We would greatly appreciate the information in order to track outcomes for NCI alumni." Below this text are two buttons: "Return to Survey" and "Proceed to Next Section".

The background form is titled "ALUMNI INFORMATION" and "Contact and Other Information". It asks for contact information and includes several questions with radio and checkbox options:

- Full Name:  Preferred Name:  Personal Email:
- Are you willing to be contacted for future NCI Alumni events?  
 Yes  No
- If you are going to school/doing additional training, is it for:  
 Master Degree  
 Doctoral Degree  
 Medical Degree  
 Clinical Training  
 Not Applicable  
 Other
- If you have taken a new job, at what type of organization will you be working?  
 Academia  
 Government  
 Industry/For-Profit  
 Not-for-profit  
 Not Applicable  
 Other Sector(please specify)
- New Position title: *(Enter N/A if not applicable)*
- What duties will your job include? Please mark all that apply.  
 Administrative  Clinical  Communications  
 Consulting  Intellectual Property  Project Management  
 Policy  Research  Teaching  
 Not Applicable  Other (Please specify):
- Is there anything that you would like to share with your training director about your experience at NCI?

At the bottom right of the form, there are two buttons: "Decline to Answer" and "Submit". A note indicates "maximum characters 3000" for the text input field.

All respondents receive the pop-up message below.

The image shows a screenshot of the National Cancer Institute (NCI) Electronic Individual Development Plan (eIDP) System. A pop-up message is displayed in the center, titled "Leaving the NCI Electronic Individual Development Plan System (eIDP) System". The message reads: "You are now leaving the NCI Electronic Individual Development Plan System (eIDP). You will be automatically redirected to fill out an anonymous exit survey. If you are not redirected within 20 seconds, please click here to be redirected to <https://idp-dev.cancer.gov/idp/survey/exitSurveyConf>."

The background shows the NCI logo and the text "NATIONAL CANCER INSTITUTE Individual Development Plan(IDP)". Below the logo, there is a welcome message: "Welcome. We are interested in your feedback and improve our fellowship. There are two parts to this survey. Your responses are only reported in aggregate." To the right, there is a partially visible sentence: "ation we collect to assess" and "as a trainee and responses".

The main content area is titled "ALUMNI INFORMATION" and "Contact and Other Information". It asks the user to provide contact and next position information so that they can be included in the NCI Trainee Alumni Network. The form includes the following fields and questions:

- Full Name:
- Preferred Name:
- Personal Email:
- Are you willing to be contacted for future NCI Alumni events?  
 Yes  No
- If you are going to school/doing additional training, is it for:  
 Master Degree  
 Doctoral Degree  
 Medical Degree  
 Clinical Training  
 Not Applicable  
 Other
- If you have taken a new job, at what type of organization will you be working?  
 Academia  
 Government  
 Industry/For-Profit  
 Not-for-profit  
 Not Applicable  
 Other Sector(please specify)
- New Position title: *(Enter N/A if not applicable)*
- What duties will your job include? Please mark all that apply.  
 Administrative  
 Consulting  
 Policy  
 Not Applicable  
 Clinical  
 Intellectual Property  
 Research  
 Other (Please specify):  
 Communications  
 Project Management  
 Teaching
- Is there anything that you would like to share with your training director about your experience at NCI?

At the bottom right, there is a text area with a character count: "maximum characters 3000". Below the text area are two buttons: "Decline to Answer" and "Submit".