

**(OMB # 0925-0602 expires 8/31/2019)**

**Please take a few minutes to complete the survey below, which will ask about your current professional experiences and other accomplishments.**

**Through this survey, the NIH Office of Clinical Research Training and Medical Education (OCRTME) intends to (a) identify opportunities that will enhance the clinical research training we provide and (b) stay better connected with you and the other graduates of our clinical training programs.**

**Please note that the information you share with us will only be accessible to authorized OCRTME staff. When reported external to the office as part of our quality improvement process, all feedback will be anonymous and reported in the aggregate.**

**Thank you for helping us to improve.**

**\*\*If you are accessing this survey at the NIH or another Federal institution, Network restrictions may prevent you from copying and pasting text directly from Office documents into this survey via Microsoft Internet Explorer. Please use Google Chrome or Mozilla Firefox as alternatives to enable copy and paste functions.**

**Burden Disclosure Statement: Public reporting burden for this collection of information is estimated to average 20 minutes per survey, 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 (0925-0602). Do not return the completed form to this address.**

**\* 1. Please enter your name below:**

**If you are using a different name than the one you used during training please enter it on the 2nd line:**

Full name during time at  
NIH

Current name if changed:

**\* 2. In what year did you graduate from your NIH GME Program?**

\* 3. What is your preferred email address?

\* 4. In which of the ACGME-accredited training Programs below did you train, if applicable? (See next question for Non-Accredited Programs and following question for ADA Programs)

- Allergy and Immunology- NIAID
- Anatomic Pathology- NCI
- Combined Medical Oncology & Hematology- NCI
- Critical Care- CC
- Cytopathology- NCI
- Endocrinology and Metabolism- NIDDK
- Epilepsy (NCC sponsored program)
- Gastroenterology (U. Maryland sponsored program)
- Hematology- NHLBI
- Hematopathology- NCI
- Hospice & Palliative Care- CC/ODDCC
- Infectious Diseases- NIAID
- Medical Biochemical Genetics- NHGRI
- Medical Genetics- NHGRI
- Medical Oncology- NCI
- Neurological Surgery- NINDS
- Neurophysiology (NCC sponsored program)
- Pediatric Endocrinology- NICHD
- Psychiatry- NIMH
- Reproductive Endocrinology-NICHD
- Rheumatology- NIAMS
- Transfusion Medicine/Blood Banking- CC
- Vascular Neurology- NINDS
- Non-Accredited Fellowship Program

\* 5. If you did not train in an ACGME-accredited training Program, please select which non-accredited programs did you train in?

- Alcoholism

- Autonomic Disorders
- Brain Imaging
- Cardiac/Cardiovascular Imaging
- Child Psychiatry
- Clinical Chemistry
- Clinical Trial Methodology
- Deafness & Communication Disorders
- Endocrine Clinical & Research Surgery Fellowship
- Epilepsy
- Gastroenterology
- Hepatology
- HIV and AIDS Malignancy Research
- Image-Guided Cardiovascular Intervention
- Immunotherapy
- Medical Retinal Fellowship
- Motor Neuron Disease
- Movement Disorders
- Muscle Disorder
- NIMH Clinical Fellowship
- Nephrology Clinical Research Training
- Neurogenetics
- Neuroimmunology and Neurovirology
- Neuro-Oncology
- Neurorehabilitation
- Clinical Neurosciences (Research)
- Ophthalmic Genetics & Visual Function
- Surgical Neurology Fellowship (Non-Accredited)
- Surgical Oncology
- Urologic Oncology Fellowship
- Uveitis & Ocular Immunology
- Other (please specify)

6. If you trained in an ADA Program please indicate which program below:

- NIDCR Clinical Research Fellowship
- Dental Public Health
- Oral Health Informatics
- Other (please specify)

\* 7. What professional degrees do you hold?

- MD.
- PhD.
- J.D.
- Master's
- Other:

\* 8. Please list your ABMS (Board) certification(s):

\* 9. Name of your current employer/institution:

\* 10. Employer/Institution type:

- Academic
- NIH
- Government Regulatory Agency
- Pharmaceutical/Industry
- Other research
- Private practice
- Other (please explain)

\* 11. What is your current academic status/title?

- Dean
- Chair
- Professor
- Associate Professor
- Assistant Professor
- Instructor
- Non-Academic Appointment
- Other (please explain)

\* 12. Is your current academic appointment a tenure track position?

- Yes
- No
- Not applicable (do not have an academic appointment or tenure not offered)

\* 13. If you selected yes for tenure track, do you currently have tenure?

- Yes
- No, not yet eligible
- No

\* 14. Are you currently performing clinical and/or translation research?

- Yes
- No

\* 15. If you are receiving NIH research grants; What are your current funding sources and the dollar amount of your grant(s):

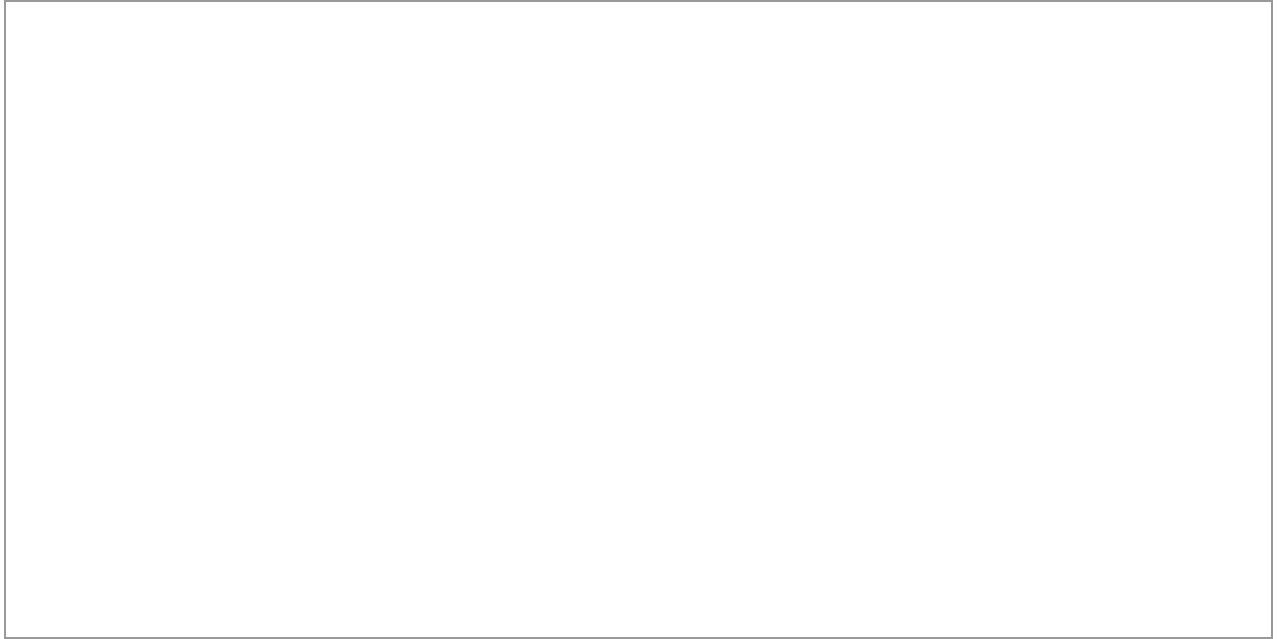
	None	Less than \$50K	\$51K to \$100K	\$101K to \$250K	\$251K to \$500K	\$501K to \$1M	Greater than \$1M
K01 Mentored Research Scientist Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K08 Mentored Research Scientist Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K12 Mentored Research Scientist Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K22 Career Transition Award	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K23 Mentored Patient Oriented Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K24 Midcareer Investigator Award in Patient Oriented Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K99/R00 Pathway Independence Award	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R01 Research Project Grant Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R03 Small Group Program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R21 Exploratory Developmental Research Grant Award	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intramural NIH Research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Federal Funding.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Private	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
University	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmaceutical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. What are the most important clinical research challenges facing you in your career this year?

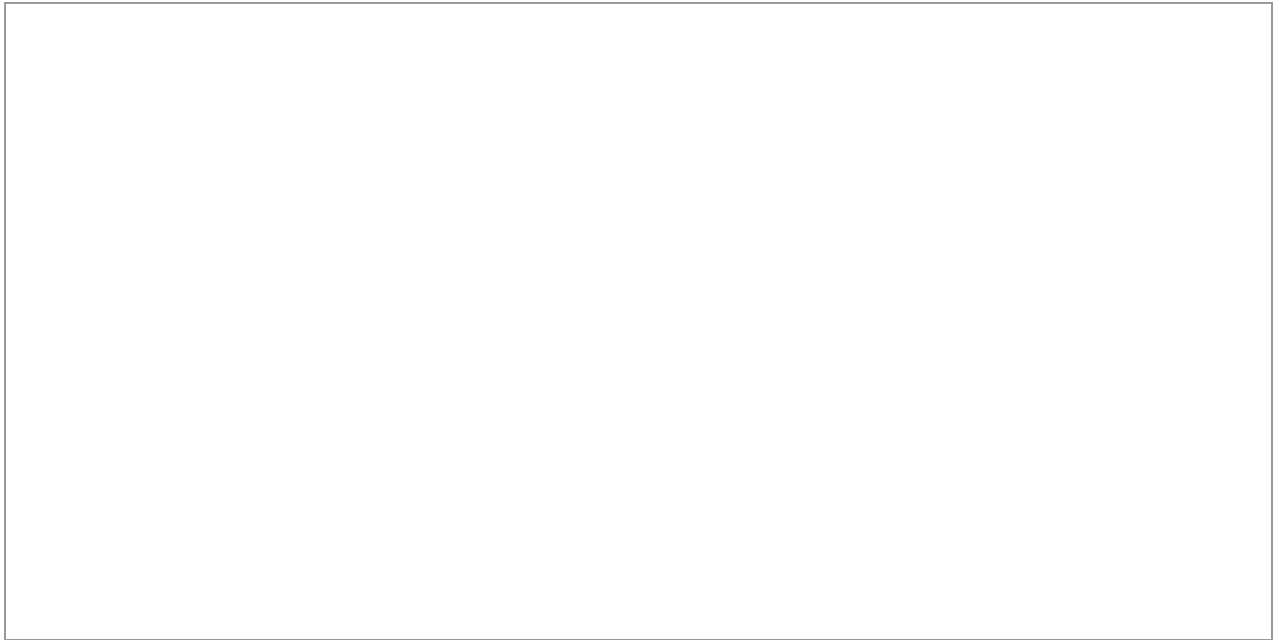
\* 17. What is your professional title?

18. What organization and/or department do you work for?

19. What are your current clinical and/or research interests?



\* 20. Please note any professional honors or awards you have received below:



21. Please list your publications: Feel free to copy and paste from your resume or other document.

22. What were the best parts of your GME training at NIH?



\* 23. What was missing from or could be improved about your training program?

24. Please provide any additional comments about GME or research training at the NIH:

\* 25. Would you be willing to serve as a resource for current NIH GME trainees who seek to learn from your professional experiences?

Yes

No