

CRTP / MRSP Alumni Survey

OMB # 0925-0802
Expiration date: 8/31/2019
[Privacy and Burden Statement](#)

All required fields are notated with an asterisk*.

- Personal Details
- Program Details
- Professional Training
- Current Profession
- Conferences, Publications and Patents
- Research Funding
- Review and Submit

Please take time to complete the survey below. Through this survey, the NIH Clinical Center's Office of Clinical Research Training and Medical Education will (a) identify opportunities that will enhance the research training we provide to medical, dental, and veterinary students, which may be shared with the community through publications, and (b) stay better connected with you and the other graduates of our clinical training programs. Please [click here](#) to view the privacy and burden disclosure statements.

You have to click on the "Save" button to save your changes.

Personal Details

First Name:

Middle Initial:

Last Name:

Gender: ▼

Ethnicity: ▼

Telephone Number:

Email Address:

Alternate Email Address:

Privacy Act Notification Statement:

The NIH Privacy Policy is located at <http://www.nih.gov/about/privacy.htm> Collection of this information is authorized under 42 U.S.C. 282(b) (13), 284(b)(1)(C), 241, 242, 282(b)(10), 284 (b)(1)(K), 42 CFR Part 63, and 42 CFR Part 61, Subpart A. The primary use of this information is for evaluation of clinical and research training at the National Institutes of Health. The personally identifiable information collected via the survey is used and maintained by NIH. Information is not shared with external parties. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Information provided is voluntary; however, in order for us to complete the evaluation process, you must complete the required fields.

Information about clinical and research training is available on the NIH website at <http://www.cc.nih.gov/training/>. Questions pertaining to information collected from this website may be sent to cc-od-ocrtme@mail.nih.gov

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.

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Program Participation

Program:

What year did you start your participation? (e.g., 2010)

How many years of professional school had you completed prior to participating in the program?

CRTP/MRSP Mentor:

CRTP/MRSP Tutor:

At which Institute did you conduct your research?

Primary CRTP/MRSP Project Title:

Secondary CRTP/MRSP Project Title:

Key words describing your CRTP/MRSP research project: e.g., clinical research, MRSP...

Program Assessment

This program had a meaningful impact on my career goals?

Would you like to receive information about the program to share with pre-doctoral health professional students?

Have you spent any additional time at NIH after completing the program?

Please provide any other comments about your experiences in the CRTP/MRSP:

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Professional Degree

In what type of professional school were/are you enrolled?

University?

What clinical degree or equivalent did/will you earn?

What is the date you expect/received this degree?

Did you go to residency training after graduating from professional school?

Fellowship Training

Did you participate in fellowship training?

Additional Training Information

What is your clinical specialty?

Have you earned any graduate degrees in addition to your initial professional degree?

Have you received any honors since graduating professional school?

When you complete/completed professional school, do you expect/did you have student debt?

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Primary Professional Activity

Please upload your most recent CV:

Administrator
 Teacher

Clinician
 Other

Investigator

What term and percentage best describes your current primary professional activity?

What best describes the current site of your primary professional activity?

Do you have a current academic appointment?

Do you serve in any leadership roles in organizations related to your clinical profession or biomedical science?

Please list any other important milestones in your career:

Research Activity

you currently engaged in research?

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Conferences

Did you make presentations at National Meetings while in the CRTP/MRSP?

Peer-Reviewed Publications

Did you have any peer-reviewed publications with your CRTP/MRSP mentor?

Have you had any scholarly publications after receiving your professional degree?

Published Chapters

Did you have any published chapters or reviews with your CRTP/MRSP mentor?

Have you had any scholarly publications after receiving your professional degree?

Patents

Do you have any patents?

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Principal Investigator

Are you currently the Principal Investigator of at least one funded grant?

Co-Investigator

Are you currently a Co-investigator of at least one funded grant?

Non-Peer-Reviewed

Have you received research funding from non-peer-reviewed sources (e.g., negotiated contracts, private donors, etc.)?

Federal Research Funding

Have you received any Federal Research Funding?

Save

Cancel