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Form Approved Through 08/31/2015

OMB No. 0925-0002

Program Director/Principal Investigator (Last, First, Middle):

## Trainee Diversity Report

**This report format should NOT be used for data collection from trainees.**

**Training Grant Title:** \_\_\_\_\_

**Total Number of Appointed:** \_\_\_\_\_

**Grant Number:** \_\_\_\_\_

**PART A. TOTAL TRAINEE APPOINTMENTS REPORT: Number of Trainees Appointed by Ethnicity and Race**

Ethnic Category	Females	Males	Sex/Gender Unknown or Not Reported	Total
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (individuals not reporting ethnicity)				
<b>Ethnic Category: Total of All Trainees*</b>				*
<b>Racial Categories</b>				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
<b>Racial Categories: Total of All Trainees*</b>				*

**PART B. HISPANIC TRAINEE APPOINTMENTS REPORT: Number of Hispanics or Latinos Appointed**

Racial Categories	Females	Males	Sex/Gender Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
<b>Racial Categories: Total of Hispanics or Latinos**</b>				**

<b>PART C. TRAINEES WITH DISABILITIES OR FROM DISADVANTAGED BACKGROUNDS</b>	
Number of Trainees with Disabilities (as described in the Americans with Disabilities Act):	
Number of Trainees from Disadvantaged Backgrounds (applies only to undergraduate and high school students):	

(\*) (\*\*) These totals must agree.