

# Network of Minority Health Research Investigators (NMRI) Survey

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Please take a moment to answer these questions to help make the Network more helpful for all members.

Click if you wish to submit a new Survey

Click if you are a returning member and wish to update your Survey

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# Network of Minority Health Research Investigators (NMRI) Survey

This section is required.

Name

Institution Address

Email

Phone

What is your gender?

Male

Female

What is your age?

Under 30

31-45

46-55

56-65

66-Above

I. What is your highest degree?

What year did you reach your highest degree?

**2. What is your current status?**

- Graduate/Health Professional Students or Medical Students
- Post Doctoral Fellow
- Trainee
- Instructor
- Assistant Professor
- Associate Professor
- Full Professor
- Other (please complete the box below)

**Other**

What year did you begin your current status?

Have you been promoted this past year?

- Yes
- No

**3. What year did you become a member of the NMRI?**

**4. Are you tenured?**

- Yes
- No
- Tenure Not Offered

Not on Tenure Track

**5. How did you become informed about the NMRI?**

- Website
- Email
- Member of NMRI
- Other (please complete the box below)

**Other**

**6. How often have you attended the NMRI meetings?**

- I have attended all of the meetings since becoming a member
- I have attended X number of meetings, the last one was in the year [Supply number of meetings and year below]

**Number of meetings attended (X from above)**

**Year Last Attended**

**7. What motivates you to attend the NRMI meeting? (check all that apply)**

- Networking opportunities
- Mentorship opportunities
- Leadership opportunities
- Identifying collaborations
- Opportunities for oral or poster presentations
- Assistance in applying for promotion or tenure
- Enhancing grant or manuscript writing skills



Developing management skills

**Other**

**8. On a scale of 1-10, with 10 being the most opportunity for professional growth, rate your professional development associated with attending the annual NMRI meetings**

2

3

4

5

6

7

8

9

10

**Indicate the most important ways that NMRI has helped you in your career development**

Found collaborator(s)

Found mentor(s)

Helped with success in grant application

Helped with success in manuscript publication

Helped develop management skills

Assisted in applying for promotion or tenure

**Other**

**If you have achieved tenure or have been promoted, give up to three specific examples of how NMRI has contributed to supporting you in this process**

**9. Have you participated in the NMRI mentorship program?**

- As a Mentor
- As aMentee
- Both
- No

**Were you satisfied with the program?**

- Yes
- No

**Have you solicited a member of NMRI to review your dossier or write a letter in support of your promotion?**

- Yes
- No

**10. How many grants have you submitted since the last academic year?**

This is the original free-response box which will be moved underneath multiple choice (check all that apply) as an option.

- NIH K Award (Please specify below.)
- NIH R03
- NIH R01
- Other NIH R mechanism (Please specify below.)
- Non – NIH Federal (NSF, DoD, USDHHS) (Please specify below.)

- Non-Federal (i.e. Gifts and Foundation) (Please specify below.)
- None
- Other (Please specify below.)

**Specification**

**How many grants have you been awarded since the last academic year?**

This is the original free-response box which will be moved underneath multiple choice (check all that apply) as an option.

- NIH K Award (Please specify below.)
- NIH R03
- NIH R01
- Other NIH R mechanism (Please specify below.)
- Non – NIH Federal (NSF, DoD, USDHHS) (Please specify below.)
- Non-Federal (i.e. Gifts and Foundation) (Please specify below.)
- None
- Other (Please specify below.)

**Specification**

**Total funding awarded in the past year (in Dollars)**

**Current total funding (in Dollars)**

**11. How many manuscripts have you published in the last academic year?**

**How many have been published in top-tier journals in your field?**

**Which Journals?**



**12. Are you planning to attend a future NMRI meeting?**

**Yes**

**No**

**13. If you are not planning to attend a future NMRI meeting, please state why**

**14. Final comments**

[ Empty text input area with horizontal lines ]

15. Submit your NIH Biosketch or equivalent (no more than 5 pages) (PDF, DOC, RTF, or TXT please)

Choose File No file  
chosen

[ Submit Survey ]

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