

## NIH/National Medical Association (NMA) Academic Career Development Workshop Contact Information and Feedback Form

For past recipients of the NIH/NMA travel award, please provide the most up-to-date contact information and feedback.

OMB No: 0925-0748

Expiration date: XX/XX/XXXX

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. Refusal to participate will not affect your benefits in any way. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all study participants and reported as summaries. You are being contacted by an on-line website to complete this instrument so that we can obtain updated contact information.

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: PRA (0925-0748). Do not return the completed form to this address.

\* 1. Contact information:

|                          |                      |
|--------------------------|----------------------|
| Name                     | <input type="text"/> |
| Institution/Organization | <input type="text"/> |
| Position Title           | <input type="text"/> |
| Business Address         | <input type="text"/> |
| City/Town                | <input type="text"/> |
| State/Province           | <input type="text"/> |
| ZIP/Postal Code          | <input type="text"/> |
| Email Address            | <input type="text"/> |
| Phone Number             | <input type="text"/> |

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2. Is your current position in academic medicine or biomedical research?

Yes

No

Other (please specify)

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3. Did attending the NIH/NMA Academic Career Development Workshop influence your decision in pursuing a career in academic medicine or biomedical research?

- Yes
- No
- Other (please specify)

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4. What aspects of the NIH/NMA Academic Career Development Workshop were most valuable to you (e.g., session topics, networking, small group discussions with NMA faculty, etc.)?

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**Thank you for providing us with your updated information and feedback!**