

## AMGEN CURRENT YEAR FEEDBACK

OMB Clearance Number: 0925-0299

Expiration Date: 30-Jun-2022

**The program influenced my future career plans/goals.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  Not Applicable

**The connections I made at the NIH have helped/will help advance my career.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  Not Applicable

**I gained important skills that have helped/will help me in my career.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  Not Applicable

**The program intensified my interest in focusing on health disparities as part of my career.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  Not Applicable

**The program increased my general leadership skills.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  Not Applicable

**The program enhanced my self-confidence.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  Not Applicable

**The program expanded my view of the scientific enterprise.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  Not Applicable

**The program supported continued interactions with my peers and community.**

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree  Not Applicable

**How do the knowledge and skills you developed during the Amgen Program apply to your current position? Please be specific.**

**Are there any opportunities that you wished you could have taken advantage of while you were on campus? Please be specific. If so, how do you think the Amgen Program might have facilitated or supported this?**

**What parts of the Amgen Program did you find the most helpful or valuable? Least helpful/valuable?**

**Please describe any continued contact with any of your fellow alumni, including how many others you are in contact with, how frequently you are in contact, and the focus of**

**the interaction (e.g., sharing information, providing mutual support, exploring collaboration).**

**Please feel free to make additional comments or suggestions.**

**Thank you for your time and effort in completing this survey. Your participation is greatly appreciated! We will use your input to improve the program.**

[Submit Survey](#)   [Cancel](#)

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of 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. 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 participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 15 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 (0925-0299). Do not return the completed form to this address.

