Directions for Trainees

OMB NO.: 0925-0568

Please take 10-15 minutes to review this spreadsheet and update or provide any n
the value of the T32 training program.

If you only have a limited amount of time to provide new information, we ask that
had since leaving the training program (see Tab7 Employment Tab) and on any car
that you would like to report (See Tab 6, Career Higlights).

Making Changes to Data Imported from IMPAC II (Fields shaded gray)

If a field is shaded gray, that information is imported from the NIH IMPAC II systen
need to make changes to information in a gray field, you must do so in IMPAC II nc
See the eRA Commons user guide for step by step instructions to enter or edit you
http://era.nih.gov/files/personal_profile_userguide.pdf

Returning the Spreadsheet

Please return the form to the Principal Investigator for the *[University]* T32 prograı

PI email address: *[pi@email.com]*

Respondent Burden Statement

Public reporting burden for this collection of information is estimated to average 3
maintaining the data needed, and completing and reviewing the collection of infor
collection of information unless it displays a currently valid OMB control number.

Send comments regarding this burden estimate or any other aspect of this collecti

NIH
Project Clearance Branch
6705 Rockledge Drive, MSC 7974
Bethesda, MD 20892-7974
ATTN: PRA 0925-0568

Do not return the completed form to this address.

This questionnaire includes the following sections:

Personal Information----------Tab 2

This section contains questions regarding your perso

Contact Information----------Tab 3

This section contains questions regarding your mailin

Pre-Training Information----------Tab 4

This section contains questions regarding your profes

In-Training Experience ----------Tab 5

This section contains questions regarding your T32-fu
degree or certificate earned through your T32-funde
data etc...

Accomplishments----------Tab 6 - 15

This section contains questions regarding your perso

> Career Highlights----------

> Employment----------

> Fellowship----------

> Honor and Awards----------

> New Competitive Funding----------

> Post-Training Education----------

> Posters at Scientific Meeting----------

> Product or Policy Development----------

> Publications----------

> Students----------

Exp. Date: 06/30/2019

ıew information that will help us demonstrate

you focus on providing information about any employment you have
eer highlights (Tabs 6-15)

ı, via either the Commons profile or the xTrain module. If you
ɔt CareerTrac.
ır personal profile information. The link is listed below

m by 03/24/2018.

30 minutes per response, including the time for reviewing instructions, gathering and
·mation. An agency may not conduct or sponsor, and a person is not required to resp

on of information, including suggestions for reducing this burden, to:

nal information, including name and email address.

ıg address and phone number.

ssional and educational history before your T32 funding / training

ınded training experience. It also contains questions regarding the
d training, the start and end date of your funding period, and mentor

nal achievements that can be attributed to your T32-funded training.

-------Tab 6
------Tab 7
------Tab 8
------Tab 9
------Tab 10
-------Tab 11
-------Tab 12
-------Tab 13
------Tab 14
------Tab 15

ond to, a

Personal Information

First Name:
Middle Name:
Last Name :
Suffix *(ie. Jr., Sr., I.,)*:
Address Line 1:
Address Line 2:
Address Line 3:
Address Line 4:
Address Line 5:
City:
State:
Country:
Postal Code:
Phone Number:
Fax Number:
Email Address:
Training Status:

Alternative Contact Information

Alternative Address Line 1:
Alternative Address Line 2:
Alternative Address Line 3:
Alternative Contact City:
Alternative Contact State:
Alternative Contact Country:
Alternative Contact Postal Code:
Phone Number:
Cell Phone:
Alternate Email Address:

Position

Degrees held before start of training *(You can enter more than one degree, as applicable)*

Pre-Training Information

Previous Position	
Position Other	**Title of this professional position**

Prior Academic Degrees	
Country of the institution that granted the degree *(please no acronyms)*	**Institution that granted the degree** *(please no acronyms)*

Institution or Company where this last professional position was held	**Location of Institution or Company**

Year the degree was awarded *(YYYY)*

(There are 3 section

Trainees Research Project Title *(e.g., name of Master's Thesis or Post-Doctoral Project)*	**Date Training Began** *(may be different from when you entered Graduate School or Post-Doctoral Appointment) (MM/DD/YYYY)*
N/A	09/01/1996

Scientific Technical Emphasis	**Sources of S**
TOXICOLOGY	

Mentor's First Name *(required)*	**Mentor's Last Name** *(required)*

Degree or Nature of Training *(required; You can enter more than one degree, as applicable)*	**Country of the institution that granted the degree** *(please do not use acronyms)*
PHD - DOCTOR OF PHILOSOPHY	

n-Training Education

s on this tab. Please scroll down to make sure you review all 3.)

Date Training Ended *(may be different from when you entered Graduate School or Post-Doctoral Appointment) (MM/DD/YYYY)*	**Degree Level** *(Pre-Doc, Post-Doc)*
12/31/1996	PRE-DOC

upport

	Research Training Mentor
Country of Institution *(required; please do not use acronyms)*	**Institution Name** *(required; please do not use acronyms)*
UNITED STATES	UNIVERSITY OF MICHIGAN

In-Training Education

(Please list all the degrees, certificates, or training completed while supported by the

Institution that granted the degree *(please do not use acronyms)*

NIH Field of Training

3240 - Toxicology

Mentor's Department *(required)*	**Start Year of Mentoring** *(please enter date as YYYY)*

ENVIRONMENTAL HEALTH SCIENCES

ES training program.)

When did the education program begin? *(required; please enter date in MM/YYYY format)*	**When did the educational program expected to end?** (required;*please ent format)*
	Current

End Year of Mentoring *(please enter date as YYYY)*

end or when is it

er date in MM/YYYY

Accomplishments

Please only enter accomplishments tha

Career Highlight / Leadership Year Began *(required; YYYY)*	Career Highlight / Leadership Year End *(YYYY)*	Career Highlight/Leadership Title *(required)*

s: Career Highlights

at can be attributed to T32-funded training.

Career Highlight / Leadership Narrative *(required; please provide a descriptive title/name for the leadership event)*	**Training Status When Accomplished** (required)

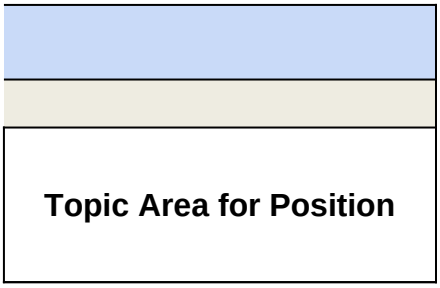
Training Status While Employed In This Position *(required; report your training status when you obtained employment)*	**Employment Year Began** *(required; YYYY)*	**Employment Year End** *(YYYY)*	**Job Title** *(required)*

Accomplishments: Employment

Please only enter accomplishments that can be attributed to T32-funded trainin

Country of Employment	Name of Employer	Employment Sector *(required)*

g.		
Major Emphasis of this Position *(required)*	**Is this a Post-Doc Position?** *(required; Yes, No)*	**Tenure Status** *(required)*


Topic Area for Position

Accom

Please only enter accom

Training Status When Fellowship was Accomplished / Awarded *(required)*	Fellowship Name *(required)*	Awarding Institution or Agency *(required)*

plishments: Fellowship

plishments that can be attributed to T32-funded training.

Year Received *(required; YYYY)*	Associated Research Sponsor


Associated Research Sponsor - Other

Accomplishment

Please only enter accomplishments tha

Training Status when you Received/Accomplished the Honors/Awards *(required)*	**Name of Honor/Award/Recognition** *(required)*

ts: Honors/Awards

at can be attributed to T32-funded training.

Awarding Entity *(name of the institution or agency that granted the honor or award)*	**Location of Awarding Entity** *(please list country only)*

Year Received or Initiated *(enter date as YYYY)*

Acco	
New Competitive Funding is for funding obtained after traini	
Trainee's Role on Post-Training Funded Award	**Start Date of Funded Award** *(required; MM/YYYY)*

mplishments: New Com

ng has been completed. To record support durin
page on Tab 5.

Title of Award *(required)*	Award Number

npetitive Funding

ng the training period, please add a Research Sponsor on the In-Training Experience

Name of Funding Organization *(required)*	Country Where Funding Organization is Located

Accomplishments: Pos

Enter data about educational experiences obtained AFTER the trainee
Training section, please do not repeat it here. This area is for additiona

Country of the Institution Granting the Degree *(required)*	Name of Institution Granting the Degree *(required)*

t-Training Education

**left the program. If the main degree program is captured in the In-
al educational experiences, POST-DOC, Certificate Program, etc.**

Educational Degree or Nature of Training Program *(required)*	**Year the Degree Earned** *(required; enter date as YYYY)*

Accomplishments: P
Meet

Please only enter accomplishments that

Training Status When Accomplished *(required)*	Year Poster Presented *(required; YYYY)*

Posters at Scientific tings

can be attributed to T32-funded training.

Number of Posters Presented at Scientific Conferences that Year *(required)*

Training Status When Accomplished *(required)*	**Resulted in the Development or Implementation of**	**URL or Citation for Product or Policy**

Accomplishments: Product

Please only enter accomplishments that can b

Description of the Product or Policy *(required)*	**Significance of the Product or Policy** *(required)*	**Year of Product or Policy Development** *(YYYY)*

or Policy Development

e attributed to T32-funded training.

Resulted in a Non-provisional Patent *(Yes, No)*	**Patent Number** (Answer if awarded a non-provisional patent)	**Country that Issued Patent**	**Demonstrable Effects on U.S. Health Science and Public Health Interventions** *(Yes, No)*

Description of Significance of Effects on U.S. Health Science and Public Health Interventions

Accomplishments: Publications

There are 3 tables on this page. Please make sure you scroll all the way down and review all 3 tab

Please enter publications that can be attributed to T32-funded training. This includes any work as your appointment to this training grant. You may include articles published during or after your tr

***Table 1** lists publications that are already in CareerTrac and have a Pubmed or Pubmed Central ID to identify any publications that CareerTrac has found for you. If you do not find your publications Table 1 and the training status when accomplished (Column C) in this table. The system will autor the most recent 10 articles are listed in Table 1.*

***Table 2** lists publications in CareerTrac that were manually entered entered into the system. Pleas remove any duplicates. To add more publications that do not have Pubmed or Pubmed Central ID the required fields, including training status when accomplished (Column C). It should be rare that*

***Table 3** lists publications that you may want to link to your record in CareerTrac. These were iden last name. Review this list and select Add (Column A) for any publications that you would like to a with you or should not be linked to you in CareerTrac. Please include training status when accomp*

Table 1. Publications Already in CareerTrac that have a PMID/PMCID (Please note tl

First, review publications attributed to you: highlight any corrections to existing rows in this tab you need ONLY enter either the PMID or PMCID and the training status when accomplished (Col

Author Last, First Name *(required)*	**Article Title**

Table 2. Publications Manually Entered into CareerTrac that do not have a PMID/PM

Enter additional publications here when no Pubmed or Pubmed Central ID is available. This shou published (Column C).

Article Title *(required)*	**Journal Name** *(required)*

Table 3. Publications Found by CareerTrac based on Trainee Name - To ADD or IGN

Select "Add" in column A for each publication in this list that is, in fact, authored by you. Select (Column C).

Add/Ignore	**Article Title**

les.

sociated with a topic, method, tool or other direct experience from aining grant appointment.

. Use Table 1 to add publications, AFTER you have reviewed Table 3 s listed in Table 3, you need ONLY enter either the PMID or PMCID in natically complete the rest of the information. Please note that only

se review these to ensure there is no overlap with the other tables and s, you should enter each new publication in a new row and complete t you need to enter publications in this table.

tified using our publication search protocol, based on your first and dd to CareerTrac. Select ignore if the publication is not associated olished (Column C).

hat only the most recent 10 articles are listed in Table 1.)

le. Then use this table to add publications, AFTER you have used Table 2 to review any publications th lumn C) in this table. The system will automatically complete the rest of the information.

Training Status when Research Conducted *(required)*	**PubMed ID (PMID)**

ICID

uld be rare, because all peer reviewed publications should have a Pubmed Central ID to be compliant v

Training Status when Research Conducted *(required)*	Volume Number

NORE

"Ignore" if you are not an author. If you select Add, indicate the training status when the research in t

Training Status when Research Conducted *(required)*	Journal Name

at CareerTrac has found for you. If you do not find your publications listed in Table 2,

PubMed Central ID (PMCID)	**Local or International Readership** *(Local, International)*	**Country / Countries in Which Research Took Place**

with NIH Publications policy. Enter each publication on a separate row. Please indicate

Journal Publication Month	Journal Publication Year	First Author *(Last Name, First Name; required)*

he article was conducted

Publication Date

your training status when the article was		***If you have a PMID/PMCID, please enter the publication in Table 1.***	
Last Author *(Last Name, First Name)*	**Other Author** *(Last Name, First Name)*	**PMID**	**PMCID**

Peer Reviewed Article *(Yes, No)*	**Local or International Readership** *(Local, International)*

Country / Countries in Which Research Took Place

Accomplishments: Students

Please indicate the number of students the trainee has trained/educated in an area related to his/her NIEHS research training.

Year of Training *(YYYY)*	**Number of students that you have trained or educated** *(required)*	**Training status when accomplished** *(required)*