

CRTP / MRSP Alumni Survey

OMB # 0925-0602
Expiration date: 11/30/2022
[Privacy and Burden Statement](#)

All required fields are notated with an asterisk*.

Personal Details

Program Details

Professional Training

Current Profession

Research Funding

Review and Submit

Please take time to complete the survey below. Through this survey, the NIH Clinical Center's Office of Clinical Research Training and Medical Education will (a) identify opportunities that will enhance the research training we provide to medical, dental, and veterinary students, which may be shared with the community through publications, and (b) stay better connected with you and the other graduates of our clinical training programs. Please [click here](#) to view the privacy and burden disclosure statements.

You have to click on the "Save" button to save your changes.

Personal Details

First Name:	<input type="text"/>
Middle Initial:	<input type="text" value="Enter Middle Initial"/>
Last Name:	<input type="text"/>
Gender:	<input type="text" value="Select"/> ▼
Ethnicity:	<input type="text" value="Select"/> ▼
Telephone Number:	<input type="text" value="Enter Telephone Number"/>
Email Address:	<input type="text" value="mrsp@nih.gov"/>
Alternate Email Address:	<input type="text" value="Enter Alternate Email Address"/>

Save Cancel

Privacy Act Notification Statement:

The NIH Privacy Policy is located at <http://www.nih.gov/about/privacy.htm> Collection of this information is authorized under 42 U.S.C. 282(b) (13), 284(b)(1)(C), 241, 242I, 282(b)(10), 284 (b)(1)(K), 42 CFR Part 63, and 42 CFR Part 61, Subpart A. The primary use of this information is for evaluation of clinical and research training at the National Institutes of Health. The personally identifiable information collected via the survey is used and maintained by NIH. Information is not shared with external parties. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Information provided is voluntary; however, in order for us to complete the evaluation process, you must complete the required fields.

Information about clinical and research training is available on the NIH website at <http://www.cc.nih.gov/training/>. Questions pertaining to information collected from this website may be sent to cc-od-octrme@mail.nih.gov

Burden Disclosure Statement:

Public reporting burden for this collection of information is estimated to average 20 minutes per survey, 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 (0925-0602).

Do not return the completed form to this address.

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Program Participation

Program:

What year did you start your participation? (e.g., 2010)

CRTP/MRSP Mentor:

CRTP Tutor or MRSP Advisor:

At which Institute did you conduct your research?

Primary CRTP/MRSP Project Title:

Program Assessment

This program had a meaningful impact on my career goals?

Would you like to receive information about the program to share with pre-doctoral health professional students?

Have you spent any additional time at NIH after completing the program?

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Professional Degree

In what type of professional school were/are you enrolled?

University?

What clinical degree or equivalent did/will you earn?

What is the date you expect/received this degree?

Did you go to residency training after graduating from professional school?

In what field?

At which institution?

Fellowship Training

Did you participate in fellowship training?

In what field?

At which institution?

Additional Training Information

Have you earned any graduate degrees in addition to your initial professional degree?

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Primary Professional Activity

Please upload your most recent CV:

 Browse...

Upload

What is the name of your current professional institution?

What is your current academic rank, if any?

 Enter Rank

What percentage of time is spent on following activities?

1. Direct patient care

 Enter Direct patient care percentage

2. Precepting clinical care

 Enter Precepting clinical care percentage

3. Basic research

 Enter Basic research percentage

4. Clinical research

 Enter Clinical research percentage

5. Curriculum teaching

 Enter Curriculum teaching percentage

6. Administration

 Enter Administration percentage

7. Other

 Enter Other percentage

Research Activity

If conducting research, in what primary discipline is your research?

 Select

Save Cancel

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Principal Investigator

What types of research funding have you received in your career as Principle Investigator?

Peer-Reviewed Non Peer-Reviewed

Government Industry

What is the source of your research funding?

Foundation or Society Academic Institution

Co-Investigator

What types of research funding have you received in your career as Co Investigator?

Peer-Reviewed Non Peer-Reviewed

Government Industry

What is the source of your research funding?

Foundation or Society Academic Institution

Federal Research Funding

Have you received any Federal Research Funding?

 Yes

Please list your Federal Research Funding, including grant type:

Save Cancel