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

Field	
First Name:	
Middle Initial:	Enter Middle Initial
Last Name:	
Gender:	Select ⌄
Ethnicity:	Select ⌄
Telephone Number:	Enter Telephone Number
Email Address:	mrsp@nih.gov
Alternate Email Address:	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-ocrtme@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:
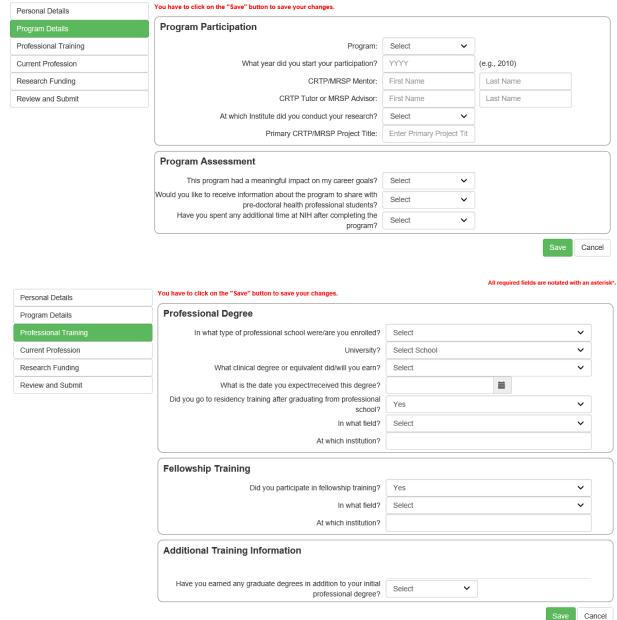NIH, Project Clearance Branch,
6705 Rockledge Drive, MSC 7974,
Bethesda, MD 20892-7974,
ATTN: PRA (0925-0602).

Do not return the completed form to this address.

Please e-mail technical questions or comments to MRSP@mail.nih.gov | Privacy Policy | Legal Disclaimer

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Program Participation

Program:	Select
What year did you start your participation?	YYYY (e.g., 2010)
CRTP/MRSP Mentor:	First Name / Last Name
CRTP Tutor or MRSP Advisor:	First Name / Last Name
At which Institute did you conduct your research?	Select
Primary CRTP/MRSP Project Title:	Enter Primary Project Tit

Program Assessment

This program had a meaningful impact on my career goals?	Select
Would you like to receive information about the program to share with pre-doctoral health professional students?	Select
Have you spent any additional time at NIH after completing the program?	Select

Save   Cancel

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Professional Degree

In what type of professional school were/are you enrolled?	Select
University?	Select School
What clinical degree or equivalent did/will you earn?	Select
What is the date you expect/received this degree?	
Did you go to residency training after graduating from professional school?	Yes
In what field?	Select
At which institution?	

Fellowship Training

Did you participate in fellowship training?	Yes
In what field?	Select
At which institution?	

Additional Training Information

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

Save   Cancel

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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

What is the source of your research funding?   ☐ Government   ☐ Industry
☐ 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

What is the source of your research funding?   ☐ Government   ☐ Industry
☐ 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]