

CEP 1 Year Alumni Survey

(OMB # 0925-0602 expires 8/31/2019)

Please take a few minutes to complete the survey below, which will ask about your current professional experiences and other accomplishments.

Through this survey, the NIH Office of Clinical Research Training and Medical Education (OCRTME) intends to (a) identify opportunities that will enhance the clinical research training we provide and (b) stay better connected with you and the other graduates of our clinical training programs.

Please note that the information you share with us will only be accessible to authorized OCRTME staff. When reported external to the office as part of our quality improvement process, all feedback will be anonymous and reported in the aggregate.

Thank you for helping us to improve.

**If you are accessing this survey at the NIH or another Federal institution, Network restrictions may prevent you from copying and pasting text directly from Office documents into this survey via Microsoft Internet Explorer. Please use Google Chrome or Mozilla Firefox as alternatives to enable copy and paste functions.

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.

* 1. Name

2. What was the name of your elective rotation(s)?

3. What professional degrees do you hold? Please check all that apply.

MD or MD Equivalent

MD/PhD

DO

DDS

Other (please specify)

* 4. What is your current training status? Please indicate residency or fellowship if applicable.

Current Status

Institution

Specialty

5. What is your current professional status?

* 6. Are you currently performing clinical and/or translational research?

Yes

No

* 7. What degree of impact did your clinical elective have on your:

	No Impact	Little Impact	Some Impact	Much Impact	Considerable Impact
Obtaining a residency or fellowship position	<input type="checkbox"/>				
Clarifying academic goals	<input type="checkbox"/>				
Clarifying professional goals	<input type="checkbox"/>				
Performing successfully in an academic or research setting	<input type="checkbox"/>				
Competing successfully for desired professional or academic opportunities	<input type="checkbox"/>				
Networking with key individuals in field	<input type="checkbox"/>				
Desire to pursue residency/fellowship training at the NIH	<input type="checkbox"/>				

* 8. Because of your clinical elective, how likely are you to pursue your interest in clinical research?

Unlikely

Somewhat Likley

Likely

9. How likely are you to recommend NIH's Clinical Electives Program to prospective clinical research-oriented applicants?

- Unlikely
- Somewhat Likely
- Likely

10. What were the best parts of your clinical elective at the NIH?

11. What recommendations do you have to improve the Clinical Elective Program experience?

* 12. If you could start your clinical elective again from the beginning, would you choose the NIH?

- Yes
- No

13. Please provide any additional comments about the NIH Clinical Electives Program.