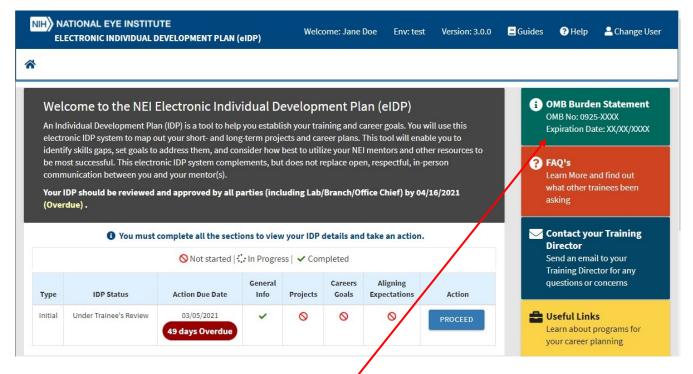
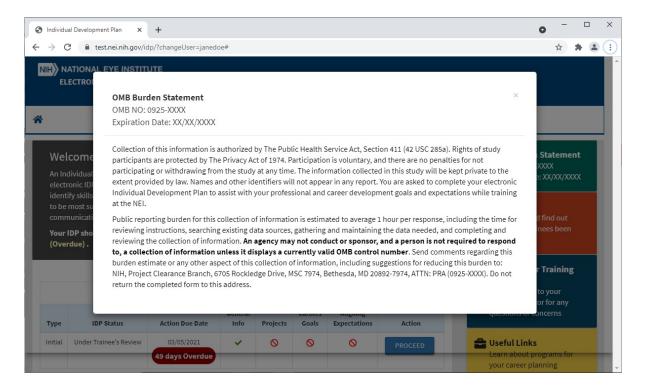
Attachment - Initial eIDP (electronic Individual Development Plan) Trainees



The "OMB Burden Statement" is the green section above.

When the trainee clicks the link, the system will open the following screenshot:





REVIEW & TAKE ACTION

GENERAL INFORMATION		
fany of the non-editable or pre-populated informa	ation in this page is incorrect, please contact	t your Administrative Officer, Kelly Miller listed in the form below.
Trainee Name:		
Jane Doe		
This Gender, Race, and Ethnicity information is Race (Optional): Check all that apply White Black or African American American Indian or Alaska Native	Ethnicity (Optional) Hispanic or Latino Origin	Gender: ② To verify/update this information in NED, click here. Male Female Another Designation
AsianNative Hawaiian or Other Pacific Islander		Trans Male
Current Award Date Range:	Training Plan Initiation Date:	*Current year of Training:
	Training Plan Initiation Date: 02/05/2021	*Current year of Training: First
Current Award Date Range: 02/05/2021 - 08/24/2021 *Highest Degree Obtained (to date):		

