| Attachment 15 - eRA Commons Person Profile Data | | | |
|---|---|---|---|
| Currently Collected on OMB Cleared Forms | | | |
| OMB Clearance # 0925-0001 | | | |

| Field Name | Req Opt | Type of Field | LOV or Notes |
|---|---|---|---|
| | | | |
| **Name and ID** | | | |
| | | | |
| **Name Prefix** | O | Text | |
| **First Name** | R | Text | |
| **Middle Name or Initial** | O | Text | |
| **Last Name** | R | Text | |
| **Name Suffix** | O | Text | |
| **eRA Email** | R | Text | |
| **ORCID ID** | R | Text | Will be a data feed from another system |
| **Prior Name Prefix** | O | Text | |
| **Prior First Name** | O | Text | will be required if a prior name is to be added |
| **Prior Middle Name or Initial** | O | Text | |
| **Prior Last Name** | O | Text | will be required if a prior name is to be added |
| **Prior Name Suffix** | O | Text | |
| | | | |
| **IDENTIFICATION** | | | |
| **DOB (Include DNWTP option)** | R | Date | DNWTP check provided |
| **SSN (full or last 4)** | O | Text | |
| | | | |
| **CITIZENSHIP STATUS** | | | |
| **Citizenship Country** | R | LOV | Country List |
| **Status in the United States** | R | Radio Buttons | US Citizen or Non-citizen National<br>Permanent Resident of US<br>Non-U.S. Citizen w/a temporary U.S. Visa<br>Non-U.S. Citzen--Not Residing in the U.S. |
| | | | |
| **DEMOGRAPHICS** | | | |
| **Gender** | R | Radio Buttons | Female<br>Male<br>DNWTP |
| **Ethnicity and Race** | | | |
| **Ethnicity** | R | Radio Buttons | Hispanic/Latino<br>Non-Hispanic<br>DNWTP |
| **Race** | R | Checkboxes | American Indian or Alaska Native<br>Asian<br>Black or African American<br>Native Hawaiian or Pacific Islander<br>White<br>DNWTP |
| **Disability** | | | |
| **Do you have?** | R | Y/N | |
| **Type of Disability (Check all that apply)** | R | Checkboxes | Vision<br>Hearing<br>Mobility/Orthopedic<br>Other<br>DNWTP |
| **Disadvantaged Background?** | R | Radio Buttons | No<br>Yes<br>DNWTP<br>Not Applicable to me |
| | | | |
| **TRAINING AND CAREER DEVELOPMENT SPECIFIC DATA** | | | |
| **Non-Deliquency on US Federal Debt?** | R | Radio Buttons | No<br>Yes |
| **Text Entry field if Yes** | | Text | |
| ~~**Disadvantaged Background?**~~ | R | ~~Radio Buttons~~ | ~~No~~<br>~~Yes~~<br>~~DNWTP~~<br>~~Not Applicable to me (not an undergraduate)~~ |
| | | | |
| **EMPLOYMENT** | | | |
| | | | |

**Attachment 15 - eRA Commons Person Profile Data**
**Currently Collected on OMB Cleared Forms**
**OMB Clearance # 0925-0001**

| Field Name | Req Opt | Type of Field | LOV or Notes |
|---|---|---|---|
| **Add a New Job** | | | |
| **Employer:  Select one:** | R | | |
| **I work in a company or institution outside NIH** | | Radio Button | When selected an LOV of organizations registered in the eRA Commons is available to select from |
| **I work inside NIH** | | Radio Button | When selected, a LOV of NIH ICs is available |
| | | | |
| **Start Date** | R | Date | |
| **End Date** | O | Date | |
| **Job Title** | O | Text | |
| | | | |
| **About This Job** | | | |
| **Primary Employment?** | R | Checkbox | |
| | R | Radio Button | Full-Time Part-Time |
| **This is a job working directly for the federal government.** | R | Radio Button | Yes No |
| **This is a faculty teaching position.** | O | Checkbox | If Checked, then the following Academic Rank LOV is used |
| **Academic Rank** | O | LOV | Assistant Professor Associate Professor Instructor Other Professor |
| **This is an academic administrative position.** | O | Checkbox | If Checked, then the following Position LOV is used |
| **Position** | O | LOV | Assistant or Associate Dean Chairperson of Dept (or Director) Dean Other President Vice President |
| | | | |
| **Addresss & Contact Information** | | | |
| **E-mail** | R | Text | |
| **Phone** | R | Text | |
| **Street Address Line 1** | R | Text | |
| **Street Address Line 2** | O | Text | |
| **City** | R | Text | |
| **State** | R | LOV | State List |
| **ZipCode** | R | Text | |
| **Country** | R | LOV | Country List |
| | | | |
| **Reviewer Information** | | | Options: |
| **What address should NIH use to contact you for reviews?** | | Radio Button | Use my work address Use my home address |
| | | | Provide a different address If checked |
| **Different Address** | | | |
| **Street Address** | R | Text | |
| **City** | R | Text | |
| **State** | R | LOV | |
| **ZipCode** | R | Text | |
| **Country** | R | LOV | Country List |
| | | | |
| **Home Address** | | | |
| **Street Address** | R | Text | |
| **City** | R | Text | |
| **State** | R | LOV | State List |
| **ZipCode** | R | Text | |
| **Country** | R | LOV | Country List |
| | | | |

**Attachment 15 - eRA Commons Person Profile Data**
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| Field Name | Req Opt | Type of Field | LOV or Notes |
|---|---|---|---|
| **Eligibility for Continuous Submission** | | LOV | LOV updated annually.  Current values are:<br><br>Eligibility Period: 08/16/2012 – 09/30/2013<br>Eligibility Period: 08/16/2013 – 09/30/2014<br>Eligibility Period: 08/16/2014 – 09/30/2015 |
| | | | |
| **TRAINEE PERMANENT ADDRESS** | | | |
| **Street Address** | R | Text | |
| **City** | R | Text | |
| **State** | R | LOV | State List |
| **ZipCode** | R | Text | |
| **Country** | R | LOV | Country List |
| **E-mail** | R | Text | |
| **Phone** | R | Text | |
| | | | |
| **EDUCATION** | | | |
| | | | |
| **Degrees** | | | |
| **Degree Name** | R | LOV | See separate Tab for LOV |
| **Degree Text (for Other)** | O | Text | |
| **Status:** | | Radio Buttons | |
| **  Degree Completed** | R | Radio Buttons | w/Corresponding Date Field |
| **  In Progress, expected** | | Radio Buttons | w/Corresponding Date Field |
| **Length of Program (# of Yrs)** | O | LOV | 1 - 9 Years |
| **Institution** | R | Text | |
| **Location (if not in US, indicate city & country)** | O | Text | |
| **Is this your Terminal Research Degree?** | O | Checkbox | |
| **Area of Study-Primary** | O | Text | |
| **Area of Study-Secondary** | O | Text | |
| **Area of Residency** | O | Text | |
| **Residency Date Completed or Expected** | R | Date | |
| **System Generated Fields** | | | |
| *Fields used to aid in NI/ESI efforts.  All are system-generated but part of the Person Profile* | | | |
| | | | |
| **ESI Eligibility** | | Yes/No | |
| **End of Eligibility Date** | | Date | |
| **New Investigator Eligibility** | | Yes/No | |
| **Appeal Date** | | Date | |
| **Appeal Outcome** *an exception policy has been implemented.* | | Text | |
| *These exceptions are handled via an appeal process.* | | | |
| | | | |
| **Reference Ltrs** | | | |
| **Referee First Name** | R | | |
| **Referee Last Name** | R | | |
| **Referee MI Name** | O | | |
| **Referee eMail** | R | | |
| **Referree Institution/Affliation** | R | | |
| **Referree Department** | R | | |
| **PI Commons User ID** | R | | |
| **PI Last Name** | R | | |
| **FOA Number** | R | | |
| **Reference Letter Confirmation # (if re-submitting)** | O | | |

**Degrees LOV in Person Profile**

| | |
|---|---|
| AB | BACHELOR OF ARTS |
| BA | BACHELOR OF ARTS |
| BOTH | OTHER BACCALAUREATE |
| BS | BACHELOR OF SCIENCE |
| BSN | BACHELOR OF SCIENCE IN NURSING |
| DC | DOCTOR OF CHIROPRACTIC |
| DDOT | OTHER DOCTOR OF MEDICAL DENTISTRY |
| DDS | DOCTOR OF DENTAL SURGERY |
| DMD | DOCTOR OF MEDICAL DENTISTRY |
| DNSC | DOCTOR OF NURSING SCIENCE |
| DO | DOCTOR OF OSTEOPATHY |
| DOTH | OTHER DOCTORATE |
| DPH | DOCTOR OF PUBLIC HEALTH |
| DPM | DOCTOR OF PODIATRIC MEDICINE |
| DRPH | DOCTOR OF PUBLIC HEALTH |
| DSC | DOCTOR OF SCIENCE |
| DSW | DOCTOR OF SOCIAL WORK |
| DVM | DOCTOR OF VETERINARY MEDICINE |
| EDD | DOCTOR  OF EDUCATION |
| ENGD | FOREIGN - DOCTOR OF ENGINEERING |
| FAAN | FELLOW  OF THE AMERICAN ACADEMY OF NURSING |
| JD | DOCTOR OF JURIS PRUDENCE |
| MA | MASTER OF ARTS |
| MB | FOREIGN - BACHELOR OF MEDICINE |
| MBA | MASTER OF BUSINESS ADMINISTRATION |
| MBBS | FOREIGN - BACHELOR OF MEDICINE AND SURGERY |
| MD | DOCTOR OF MEDICINE |
| MDOT | OTHER DOCTOR OF MEDICINE |
| MLS | MASTER OF LIBRARY SCIENCE |
| MOTH | OTHER MASTERS |
| MPA | MASTER OF PUBLIC ADMINISTRATION |
| MPH | MASTER OF PUBLIC HEALTH |
| MS | MASTER OF SCIENCE |
| MSN | MASTER OF  SCIENCE IN NURSING |
| ND | DOCTOR OF NATUROPATHY |
| OD | DOCTOR OF OPTOMETRY |
| OTH | OTHER |
| PHD | DOCTOR OF PHILOSOPHY |
| PHMD | DOCTOR OF PHARMACY |
| PSYD | DOCTOR OF PSYCHOLOGY |
| RN | REGISTERED NURSE |
| SCD | DOCTOR OF SCIENCE |
| VDOT | OTHER DOCTOR OF VETERINARY MEDICINE |
| VMD | DOCTOR OF VETERINARY MEDICINE |