**SUPPLEMENTARY INFORMATION:**

**Title of Collection: Account Management Profile**

**OMB Control No.:** 3145**-**New.

**Type of Request:** Intent to seek approval to extend an information collection for three years.

# **Contact Information (for all users when user is managing their profile)**

This is your information for your NSF account. If you need to change your contact information at one of your organizations, you can do so on the [View My Roles](https://research.gov/accountmgmt/#/user/user-roles/view) page.

**\*** **Required**

Top of Form

Prefix

                                                                                                                                           

**\*** First Name



Middle Name/Initial



**\*** Last Name



Suffix



Alternate Name(s) (Nickname, Maiden Name, etc.)



**\*** Primary Email  (For NSF Account Password Recovery)



Secondary Email



Phone Number



Extension

Bottom of Form

# **Demographic Information (to be completed by PIs, Reviewers, and Graduate Fellowship Research Program Applicants/Fellows)**

NSF asks for demographic data relating to gender, ethnicity/race and disability to gauge whether our programs and other opportunities in science and technology are fairly reaching and benefiting everyone regardless of demographic category; and to ensure that those in under-represented groups have the same knowledge of and access to programs, meetings, vacancies, and other research and educational opportunities as everyone else. For more information, read the Privacy Act Statement.

**\*** **Gender**(Please select one)

Male

Female
Unspecified, or another gender identity

Do not wish to provide

**\*** **Ethnicity**(Please select one)

Hispanic or Latino

Not Hispanic or Latino

Do not wish to provide

**\*** **Race**(Please select all that apply)
Race Definitions

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other (Please specify)

Do not wish to provide

**\*** **Do you have a disability?**(Please select one)
 What is considered a disability?

Yes

No

Do not wish to provide

# **Academic/Professional Information (to be completed by PIs and Reviewers)**

For more information, read why this information is being requested.

## **Contact Preferences for Review/Meeting Activities Preferences for Review/Meeting Activities**

**\* Preferred Email Address for Review/Meeting Activities**Ζ

Display primary email address

Display secondary email address

Other (please specify)

**Preferred Phone Number for Review/Meeting Activities**Ζ

Phone number from Contact Information

Other (please specify)

## **Degree**

**Degree**

**\* Highest Degree**

Dropdown menu with the following options available. If an option is selected, then a text box appears for Year Completed that is required. Values described below:

No degree information specified

Associate in Arts

Associate in Science

Bachelor of Arts

Bachelor of Science

Doctor of Chiropractics

Doctor of Divinity

Doctor of Dental Science (or Surgery)

Doctor of Fine Arts

Doctor of Humanities

Doctor of Hospital Administration

Doctorate of Science, in Nursing

Doctor of Veterinary Medicine

Doctor of Veterinary Science

Doctor of Education

High School (or GED equivalent)

Jurum Doctor (Doctor of Laws)

Master of Arts

Master of Arts, in Education

Master of Architecture

Master of Business Administration

Medical Doctor

Master of Dental Science (or Surgery)

Master of Education

Master of Fine Arts

Master of Information Systems

Master of Public Administration

Master of Pedagogy

Master of Physical Education

Master of Public Health

Master of Philosophy

Master of Science

Master of Science, in Education

Doctor of Pharmac

Doctor of Philosophy

Doctor of Science

Master of Electrical Engineering

Master of Social Work

Doctor of Public Administration

Bachelor of Commerce (Canada)

Doctor of Engineering

Legum Doctor (Doctor of Laws)

Legum Magister (Master of Laws)

Master of Library Science

Master of Divinity

Master of Theology, in Religion

Master of Sacred Theology

Doctor of Ministry

Doctor of Theology, in Religion

Doctor of Arts

Bachelor of Education

Bachelor of Engineering

Master of Engineering

Doctor of Juridical Science

Veterinary Medical Doctor

Bachelor of Fine Arts

Doctor of Public Health

Doctor of Philosophy

Doctor of Musical Arts

Master of Landscape Architecture

Doctor of Science<

Master of General Administration

Bachelor of Agriculture

Master of Agriculture

Doctor of Agriculture

Bachelor of Architecture

Bachelor of Business Administration

Bachelor of Civil Engineering

Master of Civil Engineering

Bachelor of Mechanical Engineering

Master of Mechanical Engineering

Master of Civil Law

Doctor of Civil Law

Doctor of Library Science

Master of Economics

Doctor of Economics

Doctor of Education

Master of Literature

Doctor of Literature

Master of Forestry

Master of Forest Science

Master of Environmental Management

Master of Environmental Science

Doctor of Forestry/Environmental Studies

Doctor of Physical Education

Doctor of Optometry

Doctor of Social Work

Doctor of Communication

Doctor of Social Science

Master of Social Science

Master of Communication

Habilitation

Doctor of Osteopathic Medicine

Education Specialist Degree

Doctor of Business Administration

Master of Environmental Science

No Degree Received

## **Disciplines**

**\* Discipline(s)**Add up to five

Dropdown menu with the following options available. If an option is selected, then a user may choose to either specify with a subdiscipline or enter free text. Values described below:

Select Discipline

Biological/Life and Health Sciences

Chemistry

Computer and Information Science and Engineering

Engineering

Geosciences

Health and Allied Sciences

Life Sciences

Materials Research

Mathematical Sciences

Organism

Physics and Astronomy

Psychology

Social Sciences

STEM Education and Learning Research

Entrepreneurship, Innovation, and Commercialization

Interdisciplinary / Multidisciplinary

**+** Add Additional Discipline

## **Professional References**

**Professional References**

**ORCID iD**16-digits e.g., 1234-1234-1234-1234  What is ORCID?



**Websites**(e.g., Organizational faculty, staff profile, or professional website, LinkedIn, Google Scholar)

User can add website into a given free text field and choose to add additional websites.



**+** Add Website

## **Organizational Affiliation(s) (for users with the reviewer role):**

### Organizational Affiliation(s) in the Past 12 Months

**\*** **Required**

Organizational Affiliation(s) in the Past 12 Months

Organizational affiliations are used to determine potential conflicts of interest.

**\* In the past 12 months, have you been affiliated with an organization?**

I am a Postdoctoral Scholar or Fellow or was in the past 12 months

I have not been affiliated with an organization in the past 12 months

I am currently affiliated or have been affiliated with an organization in the past 12 months

**\* Organizational Affiliation(s) in the Past 12 Months**

Search for an organization below. If your organization is not available, type the full name and select it from the dropdown to add it.

**1.** 

γ  Add Additional Organization

### Location (for use when currently affiliated)

Enter additional details about your location and tenure, if applicable. Organization(s) that are not currently saved in NSF systems require more information. Addresses that have been pre-populated cannot be edited for organizations that have already been registered in SAM.gov .

Organizations can be added or removed on Step 1, or can be edited later in your Reviewer/Participant Profile.

**Institution Name:**

**Address**

Enter your organization or department’s address. It will be used to help identify you in case of a duplicate name. This can be edited later under **View My Roles**.

**\* Country:**

**\* Time Zone:**

**\* Street Address**



**Street Address**(Line 2)



**\* City**

                                                                                                                                                                     **\* State/Territory**

 

                                                                                                                                                                                          **\* Postal Code**                                                                                                                                                 

**\* Department Name**



**123 University**

**Start Date**

**\* Month**





**\* Year**

**End Date**

**\* Month**





**\* Year**

  I’m still currently affiliated with this organization

### Location (for those unaffiliated):

**\***Required

Enter additional details about your location. This can be edited later in your Reviewer/Participant Profile.

**Home Location**

Enter your home location. It will only be used to identify you for in-person panels or in case of a duplicate name. This can be edited later in your Reviewer/Participant Profile.

**\* Country**

**\* City**



**\* State/Territory**



### Location (for Postdoctoral Scholar or Fellow):

**\***Required

Enter additional details about your location. This can be edited later in your Reviewer/Participant Profile.

**Postdoctoral Scholar or Fellow Work Address**

Enter the address where you do your work. It will be used to help identify you in case of a duplicate name. This can be edited later under **View My Roles**.

**\* Country:**

**\* Time Zone:**

**\* Street Address**



**Street Address**(Line 2)



**\* City**

                                                                                                                                                                 **\* State/Territory**

                                                                                                                                                                                           

**\* Postal Code**

                                                                                                                                                                               