

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](#) page.

*** Required**

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

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

*** Preferred Email Address for Review/Meeting Activities** [Z](#)

Display primary email address

Display secondary email address

Other (please specify)

Preferred Phone Number for Review/Meeting Activities [Z](#)

Phone number from Contact Information

Other (please specify)

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

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.

[y 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**

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