

## NATIVE AMERICAN VISIT WEEK - FEEDBACK

OMB Clearance Number: 0925-0299 Expiration Date: 30-Jun-2022

Attending the NIH Native American Visit Week was beneficial to me.
○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree ○ Not Applicable
Overall, I enjoyed the NIH Native American Visit Week.
○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree ○ Not Applicable
The NIH Staff was approachable and friendly.
Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable
Overall, the program was well organized.
○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree ○ Not Applicable
The NIH Native American Visit Week met my expectations.
Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable
I would recommend my colleagues attend the NIH Native American Visit Week.  Yes No
Overall the NIII Netive American Visit Week furthered my broudedge of the NIII and
Overall, the NIH Native American Visit Week furthered my knowledge of the NIH and training opportunities that are available to me.
Strongly Agree Agree Neutral Disagree Strongly Disagree Not Applicable
The activity I found most helpful was:
<b>+</b>
The activity of found least helpful was
The activity I found least helpful was:
What did you find most valuable about the NIH Native American Visit Week?
What improvements would you recommend for the NIH Native American Visit Week?
Did this week's activities change your viewpoint on your career and / or educational goals?
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If there was a change, explain here:

As a result of your visit, are you interested and / or plan on applying to any of the following programs?
(select all that apply)
NIH Summer Internship Program (SIP)
Community College Summer Enrichment Program (CCSEP)
Undergraduate Scholarship Program (UGSP)
NIH Postbaccalaureate Training Program (PBT)
□ NIH Academy
As a result of your visit, are you interested in seeking and applying for Non-NIH training opportunities in a biomedical research and / or your area of interests?
Any additional comments or thoughts?
Submit Survey Cancel

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, 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 (0925–0299). Do not return the completed form to this address.





