National Science Foundation Research Traineeship (NRT) Program

PI Instrument

Version: Draft

*Prepared by CBS and NSF*

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# Conventions in this document

The conventions described below are an attempt to render dynamic UI elements and interactive content and behaviors in this static word document.

|  |  |
| --- | --- |
| ⭘ | Radio Button (select one in the group) |
| 🞏 | Checkbox (select any in the group) |
|

|  |
| --- |
|  |

 | Textbox (enter text) |
|

|  |
| --- |
| Option 1 |
| Option 2 |
| Option 3 |

 | Dropdown box (Select one) |
|

|  |
| --- |
| Searchable list of things |

 | A search box that will narrow the results as the user types, e.g., states and countries |
|

|  |
| --- |
| Date Picker |

 | When the user selects the control a date picker will appear. They can also enter the date via the keyboard. |
|

|  |
| --- |
| Single Add |

 | As the user types a list of matching values will appear in a dropdown list. The user can click on an entry in the list, and it will be added to the textbox in a pill format. If the string of characters is new the user can hit tab/enter and the new value will also turn into a pill.Text  Description automatically generated with medium confidence |
|

|  |
| --- |
| Multi Add |

 | Same as Single Add but the user will then be able to enter further values. This is an example:Text  Description automatically generated with medium confidence |
| [Button] | A button that performs an action. Added for context around managing lists and final submit |
| <Information> | Text in angle brackets is inserted by the system and is read-only. |
| [Read only] | These data are read-only and can only be changed by contacting support. |
| [Read only after first year] | The data are read-only after the first year. After the first year these data can only be changed by contacting support |
| [Preloaded] | These data are pre-loaded at the beginning of the reporting period. |
| [Copied] | These data are copied from the previous year when preparing for a new reporting period. |
| [Change management] | These data are subject to other rules when they change. |
| {Skip Ref A-Z} | Indicates that a response to this question affects other questions after it. |
| {Skip when A-Z} | Indicates that the question should be skipped if the skip reference meets a certain criterion |
| This is instructional text | Instructions to the respondents |

# Principal Investigator Instrument

## Name and Contact Information

### First Name

Required

Limit 50 characters

[Prefilled]

[Read only]

[Change management]

|  |
| --- |
|  |

### Middle Initial or Name

[Prefilled]

[Read only]

[Change management]

|  |
| --- |
|  |

### Last Name

Required

Limit 50 characters

[Prefilled]

[Read only]

[Change management]

|  |
| --- |
|  |

### Email Address

Required

Limit 200 characters

[Prefilled]

[Read only]

[Change management]

|  |
| --- |
|  |

### Institution Name

[Prefilled]

[Read only]

Institution 1

### Title

Required

[Copied]

|  |
| --- |
| Professor |
| Associate Professor |
| Assistant Professor |
| Instructor |
| Other *{Skip Ref A}* |

### If other title, please specify:

Limit 100 characters

{Skip if A is not “Other”}

[Copied]

|  |
| --- |
|  |

### Department at Institution

Required

Limit 200 characters

[Copied]

|  |
| --- |
|  |

### Institution’s City

Required

Limit 200 characters

[Copied]

|  |
| --- |
|  |

### Institution’s State

Required

[Copied]

|  |
| --- |
| Searchable dropdown containing all states |

### ZIP Code

Required

Limit 5 characters

[Copied]

|  |
| --- |
|  |

### Phone (xxx-xxx-xxxx)

Required

Limit 10 characters

[Copied]

|  |
| --- |
|  |

### Extension

Limit 5 characters

[Copied]

|  |
| --- |
|  |

### NRT Program Website (if applicable)

Limit 200 characters

[Copied]

|  |
| --- |
|  |

### 🞏 I approve making the Program Website listed above for use on <https://new.nsf.gov/funding/initiatives/nrt>, viewable by the general public. (Optional)

### ORCid

[Copied]

|  |
| --- |
|  |

### Personal or Professional Profile/Presence Online (LinkedIn or similar preferred)

[Copied]

|  |
| --- |
|  |

## Demographics

Note: At least one response is required for each of the following demographic questions; however, if you do not wish to provide specific information, please select “Do not wish to provide.”

### Ethnicity

Select one.

Required

[Copied]

|  |  |
| --- | --- |
| ⭘ | Hispanic or Latino |
| ⭘ | Not Hispanic or Latino |
| ⭘ | Do not wish to provide |

### Race:

Mark all that apply.

Required

[Copied]

|  |  |
| --- | --- |
| 🞏 | American Indian or Alaska Native |
| 🞏 | Asian |
| 🞏 | Black or African American |
| 🞏 | Native Hawaiian or Other Pacific Islander |
| 🞏 | White |
| 🞏 | Do not wish to provide |

###### What sex were you assigned at birth, on your original birth certificate?

Select one.

Required

[Copied]

|  |  |
| --- | --- |
| ⭘ | Male |
| ⭘ | Female |
| ⭘ | Do not wish to provide |

###### What gender do you identify with?

Select one.

Required

[Copied]

|  |  |
| --- | --- |
| ⭘ | Male |
| ⭘ | Female |
| ⭘ | Transgender, non-binary, or another gender |
| ⭘ | Do not wish to provide |

### Disability Status

Select one.

Required

[Copied]

|  |  |
| --- | --- |
| ⭘ | Yes (Check yes if any of the following apply):Deaf or serious difficulty hearingBlind or serious difficulty seeing even when wearing glassesSerious difficulty walking or climbing stairsDifficulty dressing or bathingBecause of a physical, mental, or emotional condition, have serious difficulty concentrating, remembering or making decisionsBecause of a physical, mental, or emotional condition, have difficulty doing errands alone such as visiting a doctor’s office or shopping |
| ⭘ | No |
| ⭘ | Do not wish to provide |

### Veteran Status: Are you now on full-time active duty with the U.S. Armed Forces? Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?*Note: A veteran is a person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable (Title 38 of the Code of Federal Regulations)*

Select one.

Required

[Copied]

|  |  |
| --- | --- |
| ⭘ | Yes (Check “Yes” if you can answer yes to either of the above questions.) |
| ⭘ | No |
| ⭘ | Do not wish to provide |

## Products

The products are defined in the NRT Instrument – Project.docx file. Please comment on them in there.

PI will enter their own products and/or import them from the ORCiD database. The PI/PC will curate the final list of products for the project.