

## Network of Minority Health Research Investigators (NMRI) Survey

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**Please take a moment to answer these questions to help make the Network more helpful for all members.**

[Click if you wish to submit a new Survey](#)

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# Network of Minority Health Research Investigators (NMRI) Survey

**This section is required.**

**Name**

**Institution Address**

**Email**

**Phone**

**What is your gender?**

- Male
- Female

**What is your age?**

- Under 30
- 31 – 45
- 46 – 55
- 56 – 65
- 66 – Above

**1. What is your highest degree?**

**What year did you reach your highest degree?**

**2. What is your current status?**

- Graduate/Health Professional Students or Medical Students
- Post Doctoral Fellow
- Trainee
- Instructor
- Assistant Professor
- Associate Professor
- Full Professor
- Other (Please complete the box below.)

**Other**

**What year did you begin your current status?**

**Have you been promoted this past year?**

- Yes
- No

**3. What year did you become a member of the NMRI?**

**4. Are you tenured?**

- Yes
- No
- Tenure Not Offered

Not on Tenure Track

**5. How did you become informed about the NMRI?**

- Website
- Email
- Member of NMRI
- Other (Please complete the box below.)

**Other**

**6. How often have you attended the NMRI meetings?**

- I have attended all of the meetings since becoming a member
- I have attended X number of meetings, the last one was in the year (Supply number of meetings and year below.)

**Number of meetings attended (X from above)**

**Year Last Attended**

**7. What motivates you to attend the NMRI meeting? (Check all that apply.)**

- Networking opportunities
- Mentorship opportunities
- Leadership opportunities
- Identifying collaborations
- Opportunities for oral or poster presentations
- Assistance in applying for promotion or tenure
- Enhancing grant or manuscript writing skills

Developing management skills

**Other**

**8. On a scale of 1-10, with 10 being the most opportunity for professional growth, rate your professional development associated with attending the annual NMRI meetings**

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

**Indicate the most important ways that NMRI has helped you in your career development**

- Found collaborator(s)
- Found mentor(s)
- Helped with success in grant application
- Helped with success in manuscript publication
- Helped develop management skills
- Assisted in applying for promotion or tenure

**Other**

**If you have achieved tenure or have been promoted, give up to three specific examples of how NMRI has contributed to supporting you in this process**

**9. Have you participated in the NMRI mentorship program?**

- As a Mentor
- As a Mentee
- Both
- No

**Were you satisfied with the program?**

- Yes
- No

**Have you solicited a member of NMRI to review your dossier or write a letter in support of your promotion?**

- Yes
- No

**10. How many grants have you submitted since the last academic year?**

- NIH K Award (Please specify below.)
- NIH R03
- NIH R01

- Other NIH R mechanism (Please specify below.)
- Non – NIH Federal (NSF, DoD, USDHHS) (Please specify below.)
- Non-Federal (i.e. Gifts and Foundation) (Please specify below.)
- None
- Other (Please specify below.)

**Specification****How many grants have you been awarded since the last academic year**

- NIH K Award (Please specify below.)
- NIH R03
- NIH R01
- Other NIH R mechanism (Please specify below.)
- Non – NIH Federal (NSF, DoD, USDHHS) (Please specify below.)
- Non-Federal (i.e. Gifts and Foundation) (Please specify below.)
- None
- Other (Please specify below.)

**Specification****Total funding awarded in the past year (in Dollars)****Current total funding (in Dollars)****11. How many manuscripts have you published in the last academic year?****How many have been published in top-tier journals in your field?**

**Which Journals?**

**12. Are you planning to attend a future NMRI meeting?**

- Yes
- No

**13. If you are not planning to attend a future NMRI meeting, please state why**

**14. Final comments**

**15. Submit your NIH Biosketch or equivalent (no more than 5 pages) (PDF, DOC, RTE, or TXT please)**

No file chosen



[Submit Survey](#)

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Expiration Date: 08/31/2023