NIH Clinical Center Summer Internship Program Alumni Survey

(OMB # 0925-0602 expires 8/31/2019)

Please take a few minutes to complete the survey below, which will ask about your current professional experiences and other accomplishments.

Through this survey, the NIH Office of Clinical Research Training and Medical Education (OCRTME) intends to (a) identify opportunities that will enhance the clinical research training we provide and (b) stay better connected with you and the other graduates of our clinical training programs.

Please note that the information you share with us will only be accessible to authorized OCRTME staff. When reported external to the office as part of our quality improvement process, all feedback will be anonymous and reported in the aggregate.

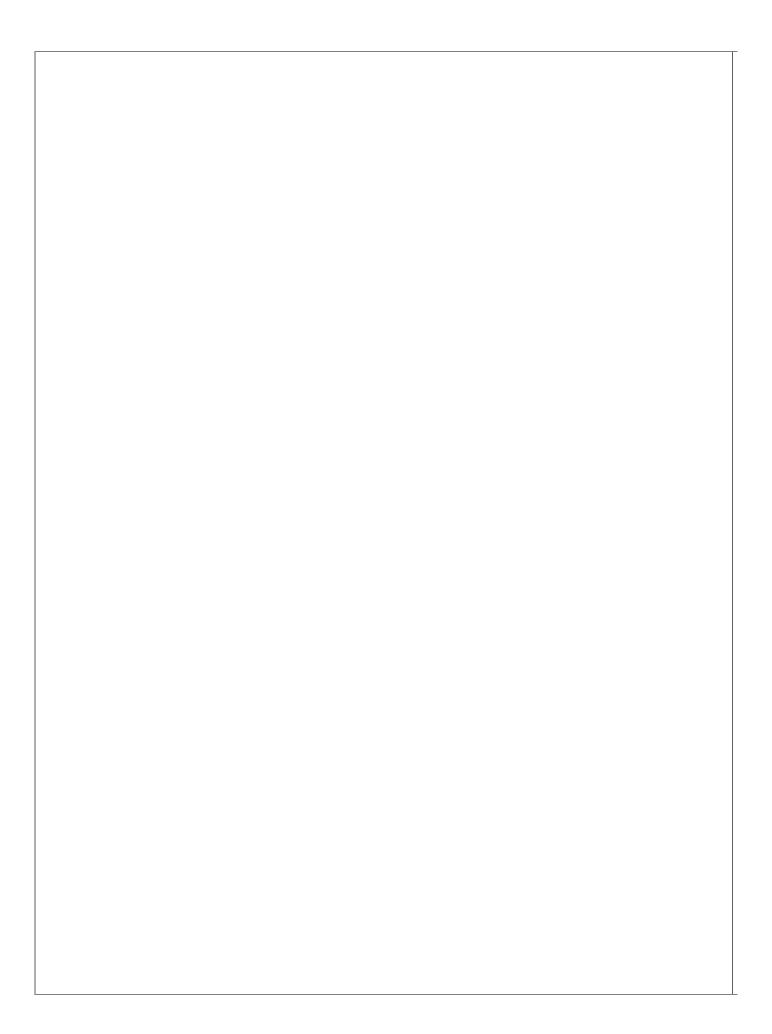
Thank you for helping us to improve.

**If you are accessing this survey at the NIH or another Federal institution, Network restrictions may prevent you from copying and pasting text directly from Office documents into this survey via Microsoft Internet Explorer. Please use Google Chrome or Mozilla Firefox as alternatives to enable copy and paste functions.

Burden Disclosure Statement: Public reporting burden for this collection of information is estimated to average 20 minutes per survey, 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 (0925-0602). Do not return the completed form to this address.

•	1. Name	
*	What year(s) did you participate in the Clinical Center Summer Ir	ternship Program
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3. What is your highest level of edu	
Associates	MD
Bachelors	DOS
Masters	Other: Specify
PhD	
4. VA/II	(or state at a density of a summanthy a graph of in any analysis in a state time of
4. What is your current occupation	(notate student if currently enrolled in an academic institution?
5. Is your occupation or degree bei	ing pursued associated with health and/or research?
Yes	
No	
6. What are your professional care	er goals?
7. Do you believe you have accomp	plished your professional career goals?
7. Do you believe you have accomp	plished your professional career goals?
7. Do you believe you have accomp	plished your professional career goals?
8. Did the CC Summer Internship p	plished your professional career goals? program increase your interest in clinical research?
8. Did the CC Summer Internship p	
8. Did the CC Summer Internship p	
8. Did the CC Summer Internship p Yes No	program increase your interest in clinical research?
8. Did the CC Summer Internship p Yes No	
8. Did the CC Summer Internship p Yes No 9. Would you choose NIH again for	program increase your interest in clinical research?
8. Did the CC Summer Internship p Yes No 9. Would you choose NIH again for	program increase your interest in clinical research?
8. Did the CC Summer Internship p Yes No 9. Would you choose NIH again for Yes No	program increase your interest in clinical research?
8. Did the CC Summer Internship p Yes No 9. Would you choose NIH again for Yes No	program increase your interest in clinical research? If the future internships or other training programs?
8. Did the CC Summer Internship p Yes No 9. Would you choose NIH again for Yes No 10. Have you returned to NIH for an	program increase your interest in clinical research? If the future internships or other training programs?



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		12. Would you be willing to be featured on our website? Yes							