

## 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

\* 2. What year(s) did you participate in the Clinical Center Summer Internship Program

\* 3. What is your highest level of education?

Associates

MD

Bachelors

DOS

Masters

Other: Specify

PhD

\* 4. What is your current occupation (notate student if currently enrolled in an academic institution?)

\* 5. Is your occupation or degree being pursued associated with health and/or research?

Yes

No

\* 6. What are your professional career goals?

7. Do you believe you have accomplished your professional career goals?

\* 8. Did the CC Summer Internship program increase your interest in clinical research?

Yes

No

9. Would you choose NIH again for future internships or other training programs?

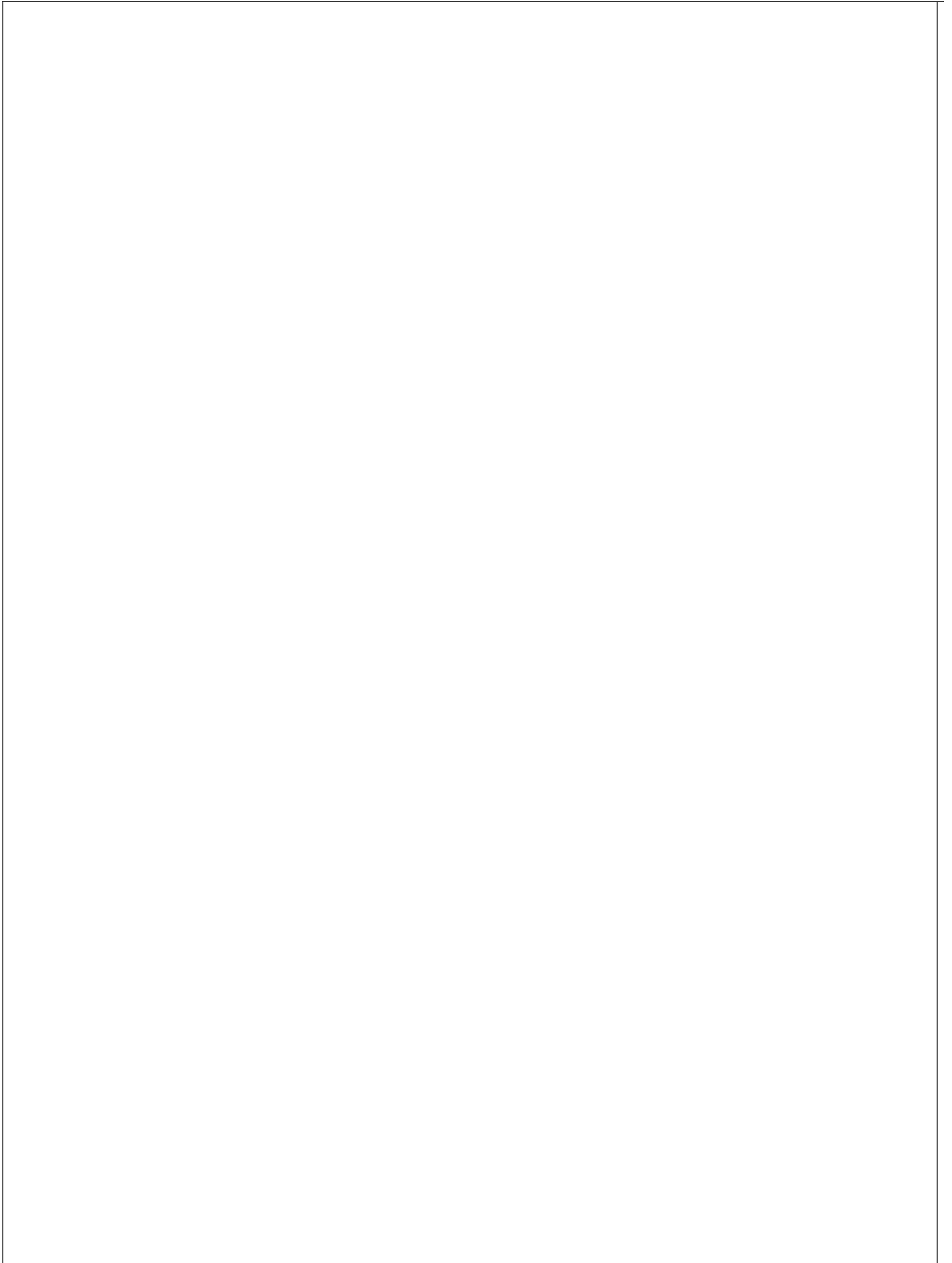
Yes

No

\* 10. Have you returned to NIH for another training program experience outside of the Summer Internship Program

Yes

No



## NIH Clinical Center Summer Internship Program Alumni Survey

11. Please Specify which additional NIH training programs in which you have participated

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

Yes

No