CRTP / MRSP Alumni Survey

All required fields are notated with an asterisk*.

Personal Details	
Program Details	
Professional Training	
Current Profession	
Research Funding	

Please take time to complete the survey below. Through this survey, the NIH Clinical Center's Office of Clinical Research Training and Medical Education will (a) identify opportunities that will enhance the research training we provide to medical, dental, and veterinary students, which may be shared with the community through publications, and (b) stay better connected with you and the other graduates of our clinical training programs. Please click here to view the privacy and burden disclosure statements.

Personal Details

First Name:	William
Middle Initial:	Enter Middle Initial
Last Name:	Azar
Gender:	Select
Please select your racial category:	Select
Telephone Number:	
Email Address:	
Alternate Email Address:	

Racial category dropdown options:
- American Indian or Alaska Native
- Asian, Black or African American
- Hispanic/Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Prefer Not to Answer

Save   Cancel

Privacy Act Notification Statement:

The NIH Privacy Policy is located at http://www.nih.gov/about/privacy.htm Collection of this information is authorized under 42 U.S.C. 282(b) (13), 284(b)(1)(C), 241, 242I, 282(b)(10), 284 (b)(1)(K), 42 CFR Part 63, and 42 CFR Part 61, Subpart A. The primary use of this information is for evaluation of clinical and research training at the National Institutes of Health. The personally identifiable information collected via the survey is used and maintained by NIH. Information is not shared with external parties. Additional disclosures may be made to law enforcement agencies concerning violations of law or regulation. Information provided is voluntary; however, in order for us to complete the evaluation process, you must complete the required fields.

Information about clinical and research training is available on the NIH website at http://www.cc.nih.gov/training/. Questions pertaining to information collected from this website may be sent to cc-od-ocrtme@mail.nih.gov

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).
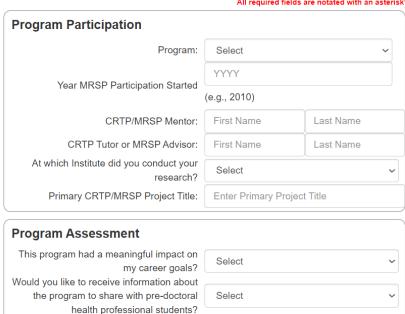
Do not return the completed form to this address.

Personal Details

Program Details

Professional Training

Current Profession

Research Funding

Program Participation

Program: `Select ⌄`

Year MRSP Participation Started `YYYY`

(e.g., 2010)

CRTP/MRSP Mentor: `First Name` `Last Name`

CRTP Tutor or MRSP Advisor: `First Name` `Last Name`

At which Institute did you conduct your research? `Select ⌄`

Primary CRTP/MRSP Project Title: `Enter Primary Project Title`

Program Assessment

This program had a meaningful impact on my career goals? `Select ⌄`

Would you like to receive information about the program to share with pre-doctoral health professional students? `Select ⌄`

Have you spent any additional time at NIH after completing the program? `Select ⌄`

Save Cancel

Personal Details

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Professional Degree

In what type of professional school were/are you enrolled? `Select ⌄`

University? `Select School ⌄`

What clinical degree or equivalent did/will you earn? `Select ⌄`

What is the date you expect/received this degree? `[          ]` 📅

Did you go to residency training after graduating from professional school? `Select ⌄`

Fellowship Training

Did you participate in fellowship training? `Yes ⌄`

In what field? `Select ⌄`

At which institution? `[          ]`

Additional Training Information

Have you earned any graduate degrees in addition to your initial professional degree? `Yes ⌄`

Please specify degree? ☐ MPH ☐ PhD ☐ MBA ☐ JD ☐ MSW ☐ Other

Save Cancel

Personal Details

Program Details

Professional Training

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Primary Professional Activity

Please upload your most recent CV:

Choose File | No file chosen

Upload

What is the name of your current professional institution?

What is your current academic rank, if any?

Enter Rank

What percentage of time is spent on following activities?

1. Direct patient care
Enter Direct patient care percentage

2. Precepting clinical care
Enter Precepting clinical care percentage

3. Basic research
Enter Basic research percentage

4. Clinical research
Enter Clinical research percentage

5. Curriculum teaching
Enter Curriculum teaching percentage

6. Administration
Enter Administration percentage

7. Other
Enter Other percentage

Research Activity

If conducting research, in what primary discipline is your research?

Select

Save | Cancel

Personal Details

Program Details

Professional Training

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Research Funding

Principal Investigator

What types of research funding have you received in your career as Principle Investigator?

☐ T32   ☐ R01
☐ F32   ☐ CDMRP
☐ K38/R38 ☐ R03
☐ K01   ☐ R21
☐ K08   ☐ Private/Foundation Grants
☐ K23   ☐ University Grants
☐ K22   ☐ Pharmaceutical Grants
☐ K99/R00 ☐ Other Funding

Co-Investigator

What types of research funding have you received in your career as Co Investigator?

☐ T32   ☐ R01
☐ F32   ☐ CDMRP
☐ K38/R38 ☐ R03
☐ K01   ☐ R21
☐ K08   ☐ Private/Foundation Grants
☐ K23   ☐ University Grants
☐ K22   ☐ Pharmaceutical Grants
☐ K99/R00 ☐ Other Funding

Save | Cancel