

Public reporting burden for this collection of information is estimated to be 120 minutes per response, 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 (OMB #0925-0753). Do not return the completed form to this address.

Screenshots

**NIH NATIONAL CANCER INSTITUTE**  
Registration and Credential Repository (RCR)

Welcome  
NIH Biosketch

**Personal Information\***  
Review the information below and make revisions as needed. Note that only your first and last names are mandatory and will display on your biosketch, the rest of the information is used for other processes within RCR. Click **Save and Continue** or click an option from the left panel to access a section directly. You can also click **Previous** to move back a section, **Exit** to return to the RCR home page or **Logout** if you need to continue later.

CTEP Person ID  
IVR - 18715

Prefix  
Dr.

First Name\*  
Kathleen

Middle Name or Initial  
J.

Last Name\*  
Yost

Suffix  
Select Suffix

Date of Birth  
01/1957

Signature Display\*  
Kathleen J. Yost

Correspondence Display\*  
Dr. Kathleen J. Yost

Click **Previous** to return to the previous screen, **Save and Continue** to advance to the next screen or **Back to Home** to continue later.

Previous Save and Continue Back to Home

Figure 7: NCI Biosketch – Electronic Capture of Personal Information

**NIH NATIONAL CANCER INSTITUTE**  
Registration and Credential Repository (RCR)

Welcome  
NIH Biosketch

**Education\***  
Enter details and the academic degree(s) you've received resulting from the successful completion of a course of study. If this is the first time accessing this section, click **Add New Record** and enter the mandatory fields. If you need to make a revision, click **Update** from the **Actions** column, then revise the information as needed or click **Cancel** if the revision isn't needed. You can also click **Delete** to remove the line item entirely.

Clicking this checkbox indicates that this section does not apply to you and fulfills the section requirement.

+ Add New Record

Actions	Country*	Degree*	Field of Study	Institution*	Location*	Completion Date*	Updated Action	Updated Date *	Updated By
Edit X Delete	USA	MD		University of Michigan	Ann Arbor, MI	Jan/1989	NO CHANGE	08/Mar/2017 11:12:39 AM EST	CTEPESYS
Update Cancel	USA	BS	Field of Study	niversity of Michigan	Ann Arbor	Jan/1985	NO CHANGE	08/Mar/2017 11:15:38 AM EST	CTEPESYS

Click **Previous** to return to the previous screen, **Save and Continue** to advance to the next screen or **Back to Home** to continue later.

Previous Save Save and Continue Back to Home

Figure 8: NCI Biosketch - Electronic Capture of Education

Registration and Credential Repository (RCR) Kathleen Yost (IVR - 18715) Active Notifications Logout Help

Welcome  
 Personal Information\*  
 Education\*  
**Professional Training\***  
 Employment\*  
 Professional Certification\*  
 Professional License\*  
 ABMS Board Certification\*  
 NCI Required Training\*  
 CV  
 Personal Statement  
 Professional Memberships  
 Honors  
 Publications  
 Research Support  
 Final  
 Jump To +

NIH Biosketch  
**Professional Training\***  
 Enter the exam that you've successfully passed as part of your medical education and career advancement program.  
 If this is the first time accessing this section, click **Add New Record** and enter the mandatory fields. If you've been here before and need to make a revision, click **Update** from the **Actions** column, then revise the information as needed or click **Cancel** if the revision isn't needed. You can also click **Delete** to remove the line item entirely.

Clicking this checkbox indicates that this section does not apply to you and fulfills the section requirement.

+ Add New Record

Actions	Country*	From Year*	To Year*	Position*	Institution*	Location*	Updated Action	Updated Date	Updated By	Compare
Update Cancel	USA	1989	1990	Residency	Blodgett Memorial Medical Center/St. Mary's Hospital	Grand Rapids, MI				

Click **Previous** to return to the previous screen, **Save and Continue** to advance to the next screen or **Back to Home** to continue later.

Previous Save and Continue Back to Home

Figure 9: NCI Biosketch - Electronic Capture of Professional Training

NIH NATIONAL CANCER INSTITUTE

Registration and Credential Repository (RCR) Kathleen Yost (IVR - 18715) Active Notifications Logout Help

Welcome  
 Personal Information\*  
 Education\*  
 Professional Training\*  
**Employment\***  
 Professional Certification\*  
 Professional License\*  
 ABMS Board Certification\*  
 NCI Required Training\*  
 CV  
 Personal Statement  
 Professional Memberships  
 Honors  
 Publications  
 Research Support  
 Final  
 Jump To +

NIH Biosketch  
**Employment\***  
 Enter your employment history including locations, begin and end dates, and the positions held while employed.  
 If this is the first time accessing this section, click **Add New Record** and enter the mandatory fields. If you've been here before and need to make a revision, click **Update** from the **Actions** column, then revise the information as needed or click **Cancel** if the revision isn't needed. You can also click **Delete** to remove the line item entirely.

Clicking this checkbox indicates that this section does not apply to you and fulfills the section requirement.

+ Add New Record

Actions	Country*	From Year*	To Year*	Position*	Institution*	Location*	Updated Action	Updated Date	Updated By	Compare
Update Cancel	USA	2017	2017	Physician	Spectrum Health United Memorial	Greenville, MI				

Click **Previous** to return to the previous screen, **Save and Continue** to advance to the next screen or **Back to Home** to continue later.

Previous Save and Continue Back to Home

Figure 10: NCI Biosketch - Electronic Capture of Employment

NIH NATIONAL CANCER INSTITUTE

Registration and Credential Repository (RCR) Kathleen Yost (IVR - 18715) Active Notifications Logout Help

Welcome  
 Personal Information\*  
 Education\*  
 Professional Training\*  
 Employment\*  
**Professional Certification\***  
 Professional License\*  
 ABMS Board Certification\*  
 NCI Required Training\*  
 CV  
 Personal Statement  
 Professional Memberships  
 Honors  
 Publications  
 Research Support  
 Final  
 Jump To +

NIH Biosketch  
**Professional Certification\***  
 Enter the certification title and details about your qualification(s) to perform a job activity or task.  
 The upload of the training certificate is required for validation purposes. Click **Upload**, then navigate to the location of your certificate and double-click the file to upload.  
 If this is the first time accessing this section, click **Add New Record** and enter the mandatory fields. If you've been here before and need to make a revision, click **Update** from the **Actions** column, then revise the information as needed or click **Cancel** if the revision isn't needed. You can also click **Delete** to remove the line item entirely.

Clicking this checkbox indicates that this section does not apply to you and fulfills the section requirement.

+ Add New Record

Actions	Country*	Certification Title*	Certification Provider*	Effective Date*	Expiration Date*	Updated Action	Updated Date	Updated By	Compare
---------	----------	----------------------	-------------------------	-----------------	------------------	----------------	--------------	------------	---------

Click **Previous** to return to the previous screen, **Save and Continue** to advance to the next screen or **Back to Home** to continue later.

Previous Save and Continue Back to Home

Figure 11: NCI Biosketch - Electronic Capture of Professional Certifications

**NIH NATIONAL CANCER INSTITUTE**  
Registration and Credential Repository (RCR)

Welcome  
Personal Information\*  
Education\*  
Professional Training\*  
Employment\*  
Professional Certification\*  
**Professional License\***  
ABMS Board Certification\*  
NCI Required Training\*  
CV  
Personal Statement  
Professional Memberships  
Honors  
Publications  
Research Support  
Final  
Jump To +

NIH Biosketch  
**Professional License\***  
Enter the state-issued license number provided to you as proof of meeting the minimum competency requirements to diagnose and treat patients and of obtaining legal permission to perform medical activities.  
If this is the first time accessing this section, click **Add New Record** and enter the mandatory fields. If you've been here before and need to make a revision, click **Update** from the **Actions** column, then revise the information as needed or click **Cancel** if the revision isn't needed. You can also click **Delete** to remove the line item entirely.

Clicking this checkbox indicates that this section does not apply to you and fulfills the section requirement.

+ Add New Record

Actions	Country*	License Type*	State/Province*	License Number*	Expiration Date* 1	Updated Action	Updated Date	Updated By	Compare
Update Cancel	USA	Physicians (MD, DO)	Michigan	A0987654321	02/2020				

Click **Previous** to return to the previous screen, **Save and Continue** to advance to the next screen or **Back to Home** to continue later.

← Previous Save and Continue Back to Home

Figure 12: NCI Biosketch - Electronic Capture of Professional Licenses

**NIH NATIONAL CANCER INSTITUTE**  
Registration and Credential Repository (RCR)

Welcome  
Personal Information\*  
Education\*  
Professional Training\*  
Employment\*  
Professional Certification\*  
Professional License\*  
**ABMS Board Certification\***  
NCI Required Training\*  
CV  
Personal Statement  
Professional Memberships  
Honors  
Publications  
Research Support  
Final  
Jump To +

NIH Biosketch  
**ABMS Board Certification\***  
Enter the medical practice specialty and/or subspecialty of which you are either eligible to receive or have received ABMS board certification. Select the same **Specialty** to add different **Subspecialties**, if needed.  
If this is the first time accessing this section, click **Add New Record** and enter the mandatory fields. If you've been here before and need to make a revision, click **Update** from the **Actions** column, then revise the information as needed or click **Cancel** if the revision isn't needed. You can also click **Delete** to remove the line item entirely.

Clicking this checkbox indicates that this section does not apply to you and fulfills the section requirement.

+ Add New Record

Actions	Specialty*	Subspecialty	Board Eligible/Certified*	Effective Date*	Expiration Date*	Updated Action	Updated Date	Updated By	Compare
Edit Delete	Internal Medicine		Certified	02/02/2009	03/04/2020	NO CHANGE	02/23/2017 09:29:15 PM	SANCHEZH	
Update Cancel	Internal Medicine	Medical Oncology	Certified	02/02/2	03/04/2	NO CHANGE	02/23/2017 09:29:15 PM	SANCHEZH	

Click **Previous** to return to the previous screen, **Save and Continue** to advance to the next screen or **Back to Home** to continue later.

← Previous Save and Continue Back to Home

Figure 13: NCI Biosketch - Electronic Capture of ABMS Board Certification

**NIH NATIONAL CANCER INSTITUTE**  
Registration and Credential Repository (RCR)

Welcome  
Personal Information\*  
Education\*  
Professional Training\*  
Employment\*  
Professional Certification\*  
Professional License\*  
ABMS Board Certification\*  
**NCI Required Training\***  
CV  
Personal Statement  
Professional Memberships  
Honors  
Publications  
Research Support  
Final  
Jump To +

NIH Biosketch  
**NCI - Required Training\***  
Enter the training details under both the Good Clinical Practice (GCP) and Human Subject Protection (HSP) line items. The upload of the training certificates is required for validation purposes.  
If this is the first time accessing this section, click **Edit** to enter the mandatory fields. If you've been here before and need to make a revision, click **Update** from the **Actions** column, then revise the information as needed or click **Cancel** if the revision isn't needed. You can also click **Delete** to remove the line item entirely.

Actions	Country*	Course Type*	Training Provider*	Completion Date*	Expiration Date*	Upload Certificate*	Updated Action	Updated Date	Updated By	Compare
Edit	USA	GCP	NIH	03/2016	03/2019	GCP_Cert.jpg Select files... ✓ Done	NO CHANGE			
Update Cancel	USA	HSP	NIH	3/2016		HSP_Cert.jpg 100% 20134108	NO CHANGE			

Click **Previous** to return to the previous screen, **Save and Continue** to advance to the next screen or **Back to Home** to continue later.

← Previous Save and Continue Back to Home

Figure 14: NCI Biosketch - Electronic Capture of NCI Required Training

## **Breakdown of Elements**

There are 14 different sections of the Biosketch that are electronically captured, with the following information displayed for each section; the asterisk (\*) indicates that the section is mandatory for investigators to fill out:

1. Personal Information\*
  - a. CTEP Person ID: A read-only display of the investigator's CTEP Person ID preceded by their registration type.
  - b. Prefix
  - c. First Name\*
  - d. Middle Name or Initial
  - e. Last Name\*
  - f. Suffix
  - g. Date of Birth
  - h. Signature Display\*
  - i. Correspondence Display\*
2. Education\*
  - a. Add New Record: Allows the investigator to manually add education information to their Biosketch.
  - b. Delete: Allows the investigator to delete a row of education information from their Biosketch.
  - c. Country\*: The country where the degree was conferred.
  - d. Degree\*: The type of degree, e.g., B.S. or M.D.
  - e. Field of Study: The field of study/major the degree is concentrated in.
  - f. Institution\*: The institution the degree was conferred from.
  - g. Location\*: The location of the institution.
  - h. Completion Year\*: The year the degree was conferred.
3. Professional Training\*
  - a. Add New Record: Allows the investigator to manually add training to their Biosketch.
  - b. Actions: Allows the investigator to delete a row of training information from their Biosketch.
  - c. Country\*: The country where the training was received.
  - d. From Year\*: The year the training started.
  - e. To Year\*: The year the training ended.
  - f. Position\*: The position type of the training, e.g., residency or fellowship.
  - g. Institution\*: The institution where the training was conducted.
  - h. Location\*: The location of the institution.
4. Employment\*
  - a. Add New Record: Allows the investigator to manually add employment to their Biosketch.
  - b. Delete: Allows the investigator to delete employment information from their Biosketch.
  - c. Country\*: The country where the employment was held.
  - d. From Year\*: The year the employment started.

- e. To Year\*: The year the employment ended.
  - f. Position\*: The position type of employment, e.g., physician.
  - g. Institution\*: The institution where employment was held.
  - h. Location\*: The location of the institution.
5. Professional Certification\*
- a. Add New Record: Allows the investigator to manually add certifications to their Biosketch.
  - b. Delete: Allows the investigator to delete certification information from their Biosketch.
  - c. Country\*: The country where the certification was awarded.
  - d. Certification Title\*: The official title of the certification.
  - e. Certification Provider\*: The company or organization that held the certification course.
  - f. Effective Date\*: The date the certification became effective.
  - g. Expiration Date\*: The date the certification expires.
6. Professional License\*
- a. Add New Record: Allows the investigator to manually add licenses to their Biosketch.
  - b. Delete: Allows the investigator to delete license information from their Biosketch.
  - c. Country\*: The country where the license was granted.
  - d. License Type\*: The type of license that was granted.
  - e. State/Province\*: The state or province that granted the license.
  - f. License Number\*: The number of the license.
  - g. Expiration Date\*: The date the license expires.
7. ABMS Board Certification\*
- a. Add New Record: Allows the investigator to manually add board certifications to their Biosketch.
  - b. Delete: Allows the investigator to delete board certification information from their Biosketch.
  - c. Specialty\*: The specialty of the ABMS certification.
  - d. Subspecialty: The sub-specialty of the ABMS certification, if applicable.
  - e. Board Eligible/Certified\*: The status of the ABMS certification.
  - f. Effective Date\*: The date the board certification is effective.
  - g. Expiration Date\*: The date the board certification expires.
8. NCI Required Training\*
- a. Actions: Allows the investigator to edit or update NCI required training information from their Biosketch.
  - b. Country\*: The country where the NCI training was held.
  - c. Course Type\*: The type of NCI training, e.g., GCP (Good Clinical Practices) or HSP (Human Subject Protection).
  - d. Course Title\*: The name of the course.
  - e. Training Provider\*: The company or organization that provided the NCI training.
  - f. Completion Date\*: The date the NCI training was completed.
  - g. Expiration Date\*: The date the NCI training expires.

