Attachment E02 – NCI/DCTD/CTEP Biosketch

Screenshots

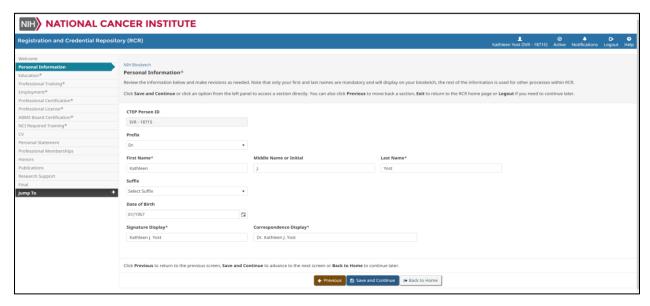
Figure 7: NCI Biosketch – Electronic Capture of Personal Information

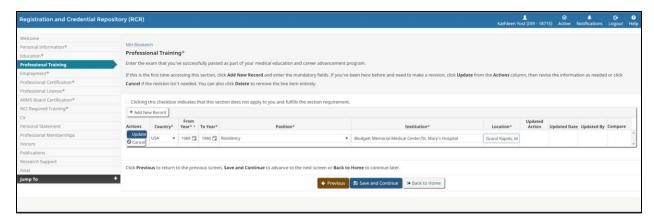Figure 8: NCI Biosketch - Electronic Capture of Education

July 2018

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, M				

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

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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, M				

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

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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

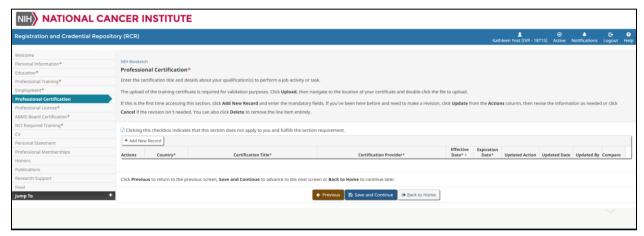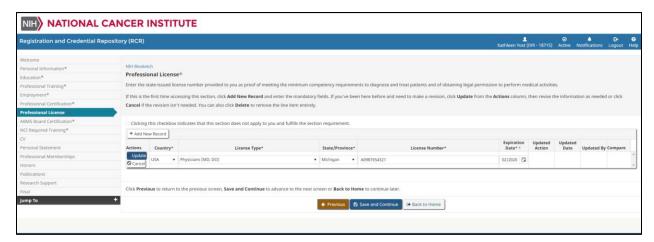Figure 11: NCI Biosketch - Electronic Capture of Professional Certifications

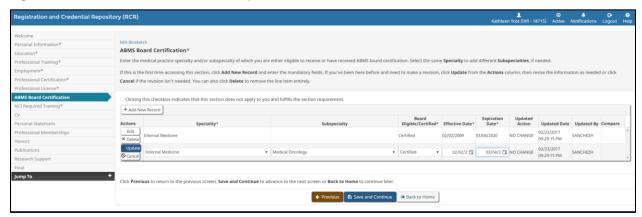Figure 12: NCI Biosketch - Electronic Capture of Professional Licenses

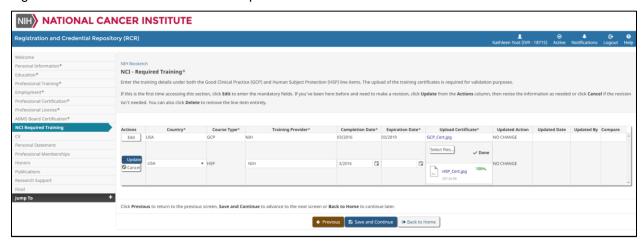Figure 13: NCI Biosketch - Electronic Capture of ABMS Board Certification

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.

h. Upload Certificate: Allows the investigator to upload a copy of the training certificate.
9. CV: The Investigator can optionally upload a scanned version of their CV by clicking the 'Select files' button and uploading the necessary file(s).
10. Personal Statement: The Investigator can enter a brief, optional description of their suitability to take on a project role.
11. Professional Memberships
    a. Add New Record: Allows the investigator to manually add memberships to their Biosketch.
    b. Delete: Allows the investigator to delete a membership from their Biosketch.
    c. Membership: The type of membership held.
    d. From Year: The year the membership started.
    e. To Year: The year the membership ended.
12. Honors
    a. Add New Record: Allows the investigator to add honors to their Biosketch.
    b. Delete: Allows the investigator to delete or update an honor from their Biosketch.
    c. Honor: The type of honor that was received.
    d. From Year: Start year the honor was received.
    e. To Year: End year the honor was received.
13. Publications – There are two sub-sections for Publications: 1) Publication(s) Relevant to Current Application, and 2) Additional Publications. Both sub-sections have the following information:
    a. Add New Record: Allows the investigator to add relevant publications to their Biosketch.
    b. Delete: Allows the investigator to delete or update a publication from their Biosketch.
    c. Year: The year the publication was published.
    d. Citation: The citation information for the publication.
14. Research Support
    a. Add New Record: Allows the investigator to add relevant studies to their Biosketch.
    b. Delete: Allows the investigator to delete or update a study from their Biosketch.
    c. Type: The type of research conducted.
    d. Research ID: The research ID.
    e. Principal Investigator: The name of the Principal Investigator.
    f. From Date: The start date of the study.
    g. To Date: The end date of the study.
    h. Research Name: The title of the study.
    i. Description: The description of the study.
    j. Role: The investigator's role in the study.