NIH NATIONAL EYE INSTITUTE
Electronic Individual Development Plan(eIDP)

Welcome. We are interested in learning about your experience as a trainee. We will use the information we collect to assess and improve our fellowship programs.
There are two parts to this survey:
Part 1 - **Contact and Next Position Information**
Part 2 - **Assess your experience**. Information collected in Part 2 is private to the extent of the law and will only be reported in aggregate.

OMB Burden Statement
OMB NO: 0925-0772
Expiration Date: October 31, 2024

Collection of this information is authorized by The Public Health Service Act, Section 411 (42 USC 285a). Rights of study participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report. Information you provide will be used to maintain a list of past fellows at NEI.

Public reporting burden for this collection of information is estimated to average 5 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 (0925-XXXX). Do not return the completed form to this address.

Exit Survey Part 1: Contact and Next Position Informaiton

Contact and Other Information

Are you pursuing additional education/training?
○ Master Degree
○ Doctoral Degree
○ Medical Degree
○ Clinical Training
○ Not Applicable
○ Other (please specify)

If you have taken a new job, at what type of organization will you be working?
☐ Academia
☐ Government
☐ Industry/For-Profit
☐ Not-for-profit
☐ Not Applicable
☐ Other Sector(please specify)

New Position title: *(Enter N/A if not applicable)*

What duties will your job include? Please mark all that apply.
☐ Administrative   ☐ Clinical   ☐ Communications
☐ Consulting   ☐ Intellectual Property   ☐ Project Management
☐ Policy   ☐ Research   ☐ Teaching

If you have taken a new job. at what type of organization will you be working?

O Academia

O Government

D Industry/For-Profit

D Not-for-profit

O Not Applicable

D other Sector(please specify)

New Position title: *{Enter NIA if not applicable}*

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What duties will your job include? Please mark all that apply.

O Administrative	D Clinical	O Communications
D Consulting	D Intellectual Property	0 Project Management
D Policy	D Research	D Teaching
O Not Applicable	D Other (please specify)	

Is there anything that you would like to share with your training director about your experience at NEI?

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Decline to Answer

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