

OMB No.: 0925-0761 Expiration Date: 07/31/2025 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. Refusal to participate will not affect your benefits in any way. 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 of the study. Information provided will be combined for all study participants and reported as summaries. You are being asked to complete this form so that we can process your application for the Intramural Continuing Umbrella of Research Experiences (iCURE) program. Public reporting burden for this collection of information is estimated to average 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 (0925-0761). Do not return the completed form to this address.		
iCURE Year 0 Report		
Trainee Information	Input Data	shaded = select from list
eRA Commons ID	<i>Entered by Program</i>	<i>If you do not have an eRA Commons ID, please email iCURE@nih.gov to request one.</i>
Last name	<i>Entered by Program</i>	
First Name	<i>Entered by Program</i>	
Middle Initial	<i>Entered by Program</i>	
FY Entered Program	<i>Entered by Program</i>	
Career Level	<i>Entered by Program</i>	
PI Information		
Last Name	<i>Entered by Program</i>	
First Name	<i>Entered by Program</i>	
Middle Name	<i>Entered by Program</i>	
NCI DOC	<i>Entered by Program</i>	
Laboratory, Branch, or Division	<i>Entered by Program</i>	
Planned Regularity of Meetings with Scholar		
Co-PI Information (If Applicable)		
Last Name	<i>Entered by Program</i>	
First Name	<i>Entered by Program</i>	
Middle Name	<i>Entered by Program</i>	
NCI DOC	<i>Entered by Program</i>	
Laboratory, Branch, or Division	<i>Entered by Program</i>	
Planned Regularity of Meetings with Scholar		
Are there meetings planned for scholar with PI and co-PI?	<i>Yes/No (If No skip to end of section)</i>	
Planned Regularity of Meetings of Scholar with PI and co-PI		
Daily Supervisor (If different from your PI)		
Last name		
First Name		
Middle Initial		
Email Address		
PI of Daily Supervisor		
Planned Regularity of Meetings with Scholar		
Are there meetings of scholar with PI and Daily Supervisor?	<i>Yes/No</i>	
Planned Regularity of Meetings of Scholar with PI and Daily Supervisor		
NCI Research Project Plans		
Research Type	Insert row sets as needed to list all projects.	
Cancer Site		
Cancer Health Disparities	<i>Yes/No (do not leave blank)</i>	
Quantitative Sciences	<i>Yes/No (do not leave blank, if No skip to Goals)</i>	
Quantitative Sciences Area		
Quantitative Sciences Area (If Other)		
Goals and Aims		
Scientific Techniques Used		
Potential Impact of Findings		
Professional and Career Development Plans		
Have you prepared your individual development plan (IDP) with your PI?		<i>If yes, please send iCURE a copy when you return this report.</i>
Provide information on your proposed short- and long-term career development goals. Include, if applicable, plans for 1) timeline with career development benchmarks; 2) scientific meeting and conference attendance/presentations; 3) publications; 4) grant applications and funding awards; and 5) wellness activities.		If you would prefer, your plan information can be submitted in a separate word document.
Background (Prior to entering the iCURE program)		
Highest Degree Received		
Graduation Date (Month, Year)		
Major/Program of Emphasis		
Institution		
> Institution (If not available in dropdown list)		
POSTBAC ONLY: Background (Prior to entering the iCURE program)		
Standardized Exams		
Insert row sets as needed to list all exams you are working towards taking.		

Exam		
> If you selected <i>Other</i> , list exam:		
Have you already taken the exam?		
> If yes, when?		
> If no, when do you plan to?		
Did you (or will you) be taking a class to prepare for the exam?		
Are you satisfied with your score?		
> If you are not satisfied, briefly describe your next steps.		
Graduate Program Application Status		
Have you applied to any graduate programs?	Yes/No (If No skip to next section)	
Type of Graduate Program		Insert rows as required to list all graduate program types you are applying to.
Number of Institutions Applied		
Number of Offers		
Institution Accepted		Insert rows as required to list all institutions you were accepted to.
> Institution (If not available in dropdown list)		
GRAD STUDENT ONLY: Background (Prior to entering the iCURE program)		
Current Graduate Program		
Type of Graduate Program		
Institution		
> Institution (If not available in dropdown list)		
Program Start Year		
PI Last Name		Note: PI in these cells is referring to the PI at your graduate program institution.
PI First Name		
PI Email Address		
Anticipated Graduation Date (Month-Year)		
Most recent Committee Meeting		
Graduation Requirements (Briefly describe your program requirements to graduate. For example: Credit Hours, Manuscripts, etc.)		
POSTDOC ONLY: Background (Prior to entering the iCURE program)		
Was there postdoctoral experience prior to iCURE?	Yes/No (If No skip to the end of the section)	
Year(s) as a Postdoctoral Fellow prior to iCURE		Insert rows as required to list all institutions where you were a postdoc.
Institution		
> Institution (If not available in dropdown list)		
Additional Notes		
Any Additional Notes		

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iCURE Progress Report (Enter Only Information for the Reporting Year)		
Trainee Information	Input Data	shaded = select from list
eRA Commons ID	<i>Entered by Program</i>	
Last name	<i>Entered by Program</i>	
First Name	<i>Entered by Program</i>	
Middle Initial	<i>Entered by Program</i>	
FY Entered Program	<i>Entered by Program</i>	
Reporting Year	<i>Entered by Program</i>	
Career Level	<i>Entered by Program</i>	
PI Information		
Last Name	<i>Entered by Program</i>	
First Name	<i>Entered by Program</i>	
Middle Name	<i>Entered by Program</i>	
NCI DOC	<i>Entered by Program</i>	
Laboratory, Branch, or Division	<i>Entered by Program</i>	
Regularity of Meetings with Scholar		
Last Meeting Date		
Co-PI Information (If Applicable)		
Last Name	<i>Entered by Program</i>	
First Name	<i>Entered by Program</i>	
Middle Name	<i>Entered by Program</i>	
NCI DOC	<i>Entered by Program</i>	
Laboratory, Branch, or Division	<i>Entered by Program</i>	
Regularity of Meetings with Scholar		
Last Meeting Date		
Are there meetings of scholar with PI and co-PI?	<i>Yes/No (If No skip to next section)</i>	
Last Meeting Date		
Daily Supervisor (If different from your PI)		
Last name		
First Name		
Middle Initial		
Email Address		
PI of Daily Supervisor		
Regularity of Meetings with Scholar		
Last Meeting Date		
Are there meetings of scholar with PI and co-PI?	<i>Yes/No (If No skip to next section)</i>	
Last Meeting Date		
Additional iCURE Mentor Outside of Research Group		
Insert row sets as needed to list all mentors.		
Mentor 1		
Mentor Category		
Last name		
First Name		
Middle Initial		
Last Meeting Date		
Progress of Trainee		
Research Project		
Insert row sets as needed to list all projects.		
Research Type		
Cancer Site		
Cancer Health Disparities	<i>Yes/No (do not leave blank)</i>	
Quantitative Sciences	<i>Yes/No (do not leave blank, if No skip to Goals)</i>	
Quantitative Sciences Area		
Quantitative Sciences Area (If Other)		
Goals and Aims		If you prefer, the data for these four cells can be submitted in a separate word document in which each section is denoted by the respective headers (i.e., Goals and Aims, Scientific Techniques Used, etc.).
Scientific Techniques Used		
Key Findings		
Impact of Findings		
Publications	Insert rows as necessary such that only one citation per set.	
1 Citation (i.e. PMID, Article Title, Authors)		
Article URL (PubMed, Journal Link, etc.)		
Presentations (Minimum 1 Required)	Insert rows as necessary to list all presentations during the reportable year.	
1 Oral or Poster		
Local/National/International Conference/Meeting		
Conference/Meeting Name		
Date		
Grants	Insert rows as necessary to list all grants during the reportable year.	
1 Applied to (funding mechanism)		
Awarded?	<i>Yes/No (If No skip to next)</i>	
Scholar Role		
Source of Support		
Start Date		
Title		
Budget		

Product or Policy Development		Insert rows as necessary to list all grants during the reportable year.	
1	Did any of your work during the iCURE program result in the development or implementation of the following?		Insert row sets as necessary to list all products or policies.
	URL or Citation of the Product or Policy		
	Description of the Product or Policy		
	Significance of the Product or Policy		
	Year of Product or Policy Development		
	Result in a Non-Provisional Patent?	Yes/No (If No skip to end of section)	
	Patent Number		
	Country that Issued Patent		
	Demonstrable Effects on U.S. Health Science and Public Health Interventions?	Yes/No (If No skip to end of section)	
	Description of Significance of Effects on U.S. Health Science and Public Health Interventions		
Career, Professional, and Personal Development (Minimum 4 Required)			
	Have you prepared an individual development plan (IDP) with your PI?		If yes, please send iCURE a copy when you return this report.
	How many total activities have you attended in the past year?		
1	Activity/Event Name		
	Category		
	Format (Virtual, In-person, Hybrid)		Insert row sets as necessary to list all activities.
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
2	Activity/Event Name		
	Category		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
3	Activity/Event Name		
	Category		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
4	Activity/Event Name		
	Category		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
Research Seminars Attended (Only list 7)			
	How many research seminars have you attended? Note: Lab meetings do not count.		
	Please provide details on your favorite 7 seminars.		
1	Seminar Title		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
2	Seminar Title		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
3	Seminar Title		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
4	Seminar Title		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
5	Seminar Title		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
6	Seminar Title		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
7	Seminar Title		
	Format (Virtual, In-person, Hybrid)		
	Sponsor (e.g., OITE, iCURE, etc.)		
	Date		
Honors/Awards		Insert row sets as necessary to list all awards/honors.	
	Award Title		
	Award Date		
Training Activities and Didactic Courses		Insert row sets as necessary to list all activities and courses.	
	Name of Course/Activity		
	Description		
	Date Started		
	Time Commitment (Average Hours Per Week)		
	Ending Date (Month, Year), if none then indicate 'Ongoing'		
Leadership, Volunteering and Professional Membership		Insert row sets as necessary to list all activities and courses.	
	Type		

Description		
Date Started		
Time Commitment (Average Hours Per Week)		
Ending Date (Month, Year), if none then indicate 'Ongoing'		
Scholar Mentoring Activities	Insert row sets as necessary to list all activities and courses.	
Have you mentored anyone this year?	Yes/No (If No skip to end of section)	
Description of mentoring activities		
POSTBAC ONLY: Applications for Doctoral Degree Program		
Standardized Exams	Insert row sets as needed to list all exams you are working towards taking.	
Exam		
> If you selected <i>Other</i> , list exam:		
Have you already taken the exam?		
> If yes, when?		
> If no, when do you plan to?		
Did you (or will you) be taking a class to prepare for the exam?		
Are you satisfied with your score?		
> If you are not satisfied, briefly describe your next steps.		
Graduate Program Application Status		
Have you applied to any graduate programs?	Yes/No (If No skip to end of section)	
Type of Graduate Program		Insert rows as required to list all graduate program types you are applying to.
Number of Institutions Applied		
Number of Offers		
Institution Accepted		Insert rows as required to list all institutions you were accepted to.
> Institution (If not available in dropdown list)		
GRAD STUDENT ONLY: Graduate Program Progress		
Current Graduate Program		
Anticipated Graduation Date (Month-Year)		
Most recent Committee Meeting		
Graduation Requirements (Briefly describe your program requirements to graduate. For example: Credit Hours, Manuscripts, etc.) Remaining		
Next Step		
Discussed with PI or co-PI?	Yes/No	
Pursuing a Postdoc?	Yes/No/Not Sure	
Applied to next position?	Yes/No (If No skip to the end of the section)	
1 Application Date		Insert row sets as necessary to list all applications
Position Title		
Received Offer?	Yes/No	
Accepted Offer?	Yes/No	
If Accepted Offer, Expected Start Date		
POSTDOC ONLY: Next Step (If Applicable)		
Started applying to jobs?	Yes/No (If No skip to the end of the section)	
Discussed with PI or co-PI?	Yes/No	
1 Application Date		Insert row sets as necessary to list all applications
Employment Sector (Academia, Government, Industry, Other)		
Employment Sector if Other		
Tenure Status		
Job Title		
Received Offer?	Yes/No	
Accepted Offer?	Yes/No	
If Accepted Offer, Expected Start Date		
Additional Notes		
Any Additional Notes		