

**OMB No: 0925-0642**

**Expiration date: 03/31/2026**

**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 (0925-0642). Do not return the completed form to this address.**

**This survey should take approximately 5 minutes to complete.**

**All questions are optional and you may exit the survey at any time.**

1. Please enter your name

\* 2. You registered for "Scientific Management Training (SMT)". Did you attend the course/program?

☐ No

☐ Yes

\* 3. Any particular reason why not?

\* 4. How much of the course/program did you complete?

- ☐ Attended the entire course/all sessions
- ☐ Attended half (or more) of the course/sessions
- ☐ Attended less than half of the course/sessions

If you completed less than half of the course/sessions, please explain why.

\* 5. How would you rate the course overall? 1-5 (lowest to highest)

☐

☐

☐

☐

☐

\* 6. Please indicate how satisfied you are with each of the following topic areas:

	Not at all	Very little	Somewhat	To a great extent
Training objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaker knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration/Length of course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support throughout the course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 7. What was your favorite part of the course?

\* 8. What was your least favorite part of the course?

\* 9. Are there any gaps in the course that need to be addressed?

\* 10. How has this course helped your professional development?

\* 11. How likely are you to recommend this course to your peers?

not at all  
likely

extremely  
likely

☐☐☐☐☐☐☐☐☐☐

\* 12. Is there anything else you like us to know about your experience?