All of Us Research Program Available Speaker Form

Please complete this Available Speaker Form if you are interested in receiving invitations to speak on behalf of the *All* of *Us* Research Program. We estimate this form will take no more than 15 minutes to complete.

Background: All of Us receives many invitations to speak at conferences and other events. We are seeking to share speaking opportunities with more **local staff and partners** across the country who are able and willing to speak to audiences about various aspects of the program. This will enable the program to have a presence at more events, and enable audiences to hear from broadly diverse representatives of the program.

Consent: If you respond to this request, we will add your responses to a spreadsheet privately maintained by the *All of Us* Visibility Team at NIH. The Visibility Team may reach out to you via email notifying you of optional opportunities to speak about *All of Us* at events near you and/or that match your expertise. We cannot guarantee you will be contacted about speaking opportunities. We will always ask you if you are interested or available for an event before we share your information with an event organizer. You are never obligated to accept speaking invitations. Note that *All of Us* is generally not providing travel support for speaking opportunities, and you would likely only be invited for events local to you.

Resources: All of Us does not offer slide deck design or preparation services. We recommend you use existing materials available on the <u>Asset Portal</u> when possible. <u>Exhibit-in-a-box</u> is helpful for researcher events.

Questions? Please contact AoU visibility@nih.gov.

Please spell out all acronyms!

Statement on Public Burden

OMB #: 0925-0740 Exp. Date: 09/2025

Public reporting burden for this collection of information is estimated to average 10-15 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 (0925-0766). Do not return the completed form to this address.

* Inc	ndicates required question		
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1.	Email *		
2.	First Name *		
۷.	i list Name		
	Please enter your preferred name		
	r rouge officer your profession and		
^	Last Name &		
3.	Last Name *		

4. Location (City) *

5.	Location (State) *
	Mark only one oval.
	Alabama
	Alaska
	American Samoa
	Arizona
	Arkansas
	California
	Colorado
	Connecticut
	Delaware
	District of Columbia
	Florida
	Georgia
	Guam
	Hawaii
	Idaho
	Illinois
	Indiana
	lowa
	Kansas
	Kentucky
	Louisiana
	Maine
	Maryland
	Massachusetts
	Michigan
	Minnesota
	Mississippi
	Missouri
	Montana
	Nebraska
	Nevada
	New Hampshire
	New Jersey
	New Mexico
	New York
	North Carolina
	North Dakota
	Northern Mariana Islands

11/27/24, 9:36	AM All of Us Research Program Available Speaker Form
	Oklahoma
	Oregon
	Pennsylvania
	Puerto Rico
	Rhode Island
	South Carolina
	South Dakota
	Tennessee
	Texas
	Utah
	U.S. Virgin Islands
	Vermont
	Virginia
	Washington
	West Virginia
	Wisconsin
	Wyoming
6.	All of Us Affiliation *
	You must be employed by All of Us or an <u>awardee partner</u> , or be otherwise officially affiliated with the Program
	Mark only one oval.
	NIH Program Staff Skip to question 7
	Program Partner (awardee partner or sub-awardee staff) Skip to question 9
	Other Program Affiliate or Champion Skip to question 9

NIH Program Staff Information

7.	'. Division *	
	Mark only one oval.	
	Division of Cohort Development (DCD)	
	Division of Communications (DC)	
	Division of Engagement and Outreach (DEO)	
	Division of Medical and Scientific Research (DMSR)	
	Division of Technology and Platform Development (DTPD)	
	Office of Data and Analytics (ODA)	
	Office of Finance and Management (OF&M)	
	Office of the Chief Executive Officer (OCEO)	
	Office of the Chief Operating Officer (OCOO)	
	Office of User Experience (OUX)	
8.	3. Title *	
Ski	Skip to question 12	
Pi	Program Partner or Affiliate Information	
9.	. Name of Institution *	
10.	O. All of Us Role * Your Title or Official Role with the Program	
11.	Institutional Title * E.g., your All of Us Role might be "PI for [institution]" but your Institutional	Title might be "Professor of Medicine"
Ski	Skip to question 12	
E	Expertise Information	
12.	2. Professional Bio *	
	Please provide a public weblink, rather than an attached document. If you please consider posting it to a file system (such as Google Drive, Dropbox permissions, and provide us with the link.	

13. Expertise / Topics * Please select all that apply (those topics that you are qualified to speak about) Check all that apply. All of Us Research Program Overview Behavioral and Mental Health Biobanking and Biospecimen Collection Biomedical Research Infrastructure Chronic Disease Research Clinical Trials and Research Collaborative Research Models Community and Stakeholder Partnerships Community Engagement **Data Analytics and Bioinformatics** ☐ Data Management and Privacy Data Security and Governance Diversity and Inclusion in Research Electronic Health Records (EHR) Integration **Environmental Health** Epidemiology Genomics and Genetics Health Data Accessibility Health Data Interoperability Health Disparities Health Equity Health Literacy Innovation in Health Research Lifestyle and Health Outcomes Participant Consent and Ethics Participant Recruitment and Retention Patient Advocacy Policy and Regulatory Affairs (Health and/or Biomedical Research) Population Health Precision Medicine Public Health Initiatives Rare Diseases Researcher Education and Training Research Ethics Research Participant Experience Return of Genetic Results

Social Determinants of Health Survey Research and Methodology

Technology Platforms

Other:

5	Priority Audiences Select the audiences you wish to reach. Helpful, but not required. Check all that apply.	
(Check all that apply.	
(Check all that apply.	
	Bioethicists	
	Bioinformaticians	
	Biomedical Researchers	
	Clinical Researchers	
	Clinicians	
	Community Health Workers	
	Data Scientists	
	Early Career Scientists	
	Educators	
	Epidemiologists	
	General Public	
	Genetic Counselors	
	Graduate and Medical Students	
	Healthcare Administrators	
	Healthcare Policymakers	
	Medical and Health Science Students	
	Medical/Science Journalists	
	Nurses and Nurse Practitioners	
	Patient Advocacy Groups	
	Patient Care Coordinators	
	Pediatricians	
	Pharmaceutical Researchers	
	Policymakers	
	Postdoctoral Fellows	
	Primary Care Physicians	
	Professional Societies	
	Public Health Officials	
	Public Health Students	
	Research Consortia	
	Researchers	
	Residents (Medical Trainees)	
	Social Workers	
	Suburban Health Advocates	
	Technical Specialists in Health IT	
	Trainees in Biomedical Research	
	Undergraduate Students in Health Sciences	
	Urban Health Advocates	
	Veterans and Veterans' Health Organizations	
	Other:	
,	Link to a recorded video of a talk you have given	

16.	Requirements, or anything else we should know
	Please describe any accessibility needs or other considerations. Helpful, but not required.

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