# **NIRS Trainee Form *–* FY 2025**

**For use by LEAHs, PPCs, and DBPs**

**\***Response Required

**MAIN RECORD**

**ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Middle**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Last Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#  **Former Name**: ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **\*Academic Degree/Credential Achieved:**

* AA
* AuD
* BA
* BS
* BSN
* BSPH
* BSW
* CNM
* Consumer
* DDS
* DMD
* DO
* DPT
* FNP
* High School Diploma
* MA
* MBA
* MD
* Med
* MPH
* MS
* MSN
* MSPH
* MSW
* OTR/L
* Parent
* PharmD
* PhD
* PNP
* PsyD
* PT
* RD
* RN
* SLP
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Current Address** *(Please remember to update when trainee exits your program)*

**\*Address Line 1:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*City:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*State:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\***Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County of Origin**: 🗌 other state 🗌 unknown

(Because students often move to a location near the school they will be attending, we strongly recommend asking trainees to provide the name of the county *they relocated from to attend school*, rather than their current county of residence.)

## Primary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_ Use the format (999-999-9999)

# **Permanent Address**

# **Name of** **Permanent Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Relationship of Permanent Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_Use the format (999-999-9999)

**Date of Birth:** \_\_\_ /\_\_\_ /\_\_\_\_\_\_\_

**Permanent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*First-generation college student**

**F*irst-generation college students* are students who are enrolled in postsecondary education and whose parents
do not have any postsecondary education experience.**

* Yes
* No
* Choose not to disclose/unrecorded

Beginning with FY06 version of NIRS, race and ethnicity information is collected in a manner consistent with the US Census categories. Please provide both race and ethnicity information.

**\* Race** (check one)**:**

* **American Indian and Alaska Native** refer to people having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Tribe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Asian** refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (e.g. Asian Indian).
* **Black or African American** refers to people having origins in any of the Black racial groups of Africa.
* **Native Hawaiian or Other Pacific Islander** refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
* **White** refers to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.
* **More than one race** includes individuals who identify with two or more racial designations.
* **Choose not to disclose/Unrecorded** is included for individuals who are unable to identify with the categories.

**\*Ethnicity** (check one):

Hispanic is an ethnic category for people whose origins are in the Spanish-speaking countries of Latin America or who identify with a Spanish-speaking culture. Individuals who are Hispanic may be of any race.

* Hispanic
* Non-Hispanic
* Unrecorded

**\* Gender:**

* Male
* Female

**\*Primary Language**

**\*Do you speak a language other than English at home?**

* Yes, Spanish
* Yes, another language, please identify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**If yes how well do you speak English?**

* Very well
* Well
* Not well
* Not at all

**\*Position Setting of Trainee at Admission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Position Title at Admission:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal relationship with Disabilities:**

**\*Is the trainee a …** (Check all that apply)

* Person with a disability
* Person with a special health care need
* Parent of a person with a disability
* Parent of a person with a special health care need
* Family member of a person with a disability
* Family member of a person with a special health care need
* None
* Unrecorded

**Annual Trainee Contact Update: Current Place of Employment:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual Trainee Contact Update: Current job position/title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAINEE YEAR RECORD**

**\*Fiscal Year:** **2025**

**\*Academic Level** (Current enrollment status, not highest degree earned)

* Non Degree Seeking
* Undergraduate
* Masters
* Doctoral
* Post Doctoral
* Pre Doctoral

**\*Degree Program** (provide appropriate abbreviation, e.g BA, MA, PhD, DDS,PharmD,etc.) \_\_\_\_\_\_\_\_\_\_\_

**Position in Program** (fellow, resident, intern, grad student, etc)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Discipline:** (Check one)

* Applied Behavioral Analysis
* Audiology
* Biological Sciences
* Community Health Worker
* Community Member/Person with Lived Experience
* Dentistry-Other
* Dentistry – Pediatric
* Dietetics
* Disability Studies
* Doula
* Education: Administration
* Education: Early Intervention/Early Childhood
* Education: General Education
* Epidemiology
* Education/Special Education
* Family/ Parents/ Youth Advocacy
* Family Studies
* Family Member/Community Member
* Genetics/Genetic Counseling
* Gerontology
* Health Administration
* Human Development/Child Development
* Interdisciplinary
* Law
* Liberal Arts & Science, Humanities, and General Studies
* Medicine-General
* Medicine-Adolescent Medicine
* Medicine-Adult Providers
* Medicine-Developmental-Behavioral Pediatrics
* Nursing-General
* Medicine-Neurodevelopmental Disabilities
* Medicine – Other
* Medicine-Pediatric Pulmonology
* Medicine-Pediatrics
* Medicine-Sleep
* Mental and Behavioral Health
* Nursing-Family/Pediatric Nurse Practitioner
* Nursing-General
* Nursing-Midwife
* Nursing – Other
* Nutrition
* Occupational Therapy
* Pastoral
* Person with a disability or special health care need
* Physical Therapy
* Pharmacy
* Psychiatry
* Psychology
* Public Administration
* Public Health
* Rehabilitation
* Respiratory Therapy
* Social Work
* Speech-Language Pathology
* Other - Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Current Contact Hours:** (for current reporting period only) \_\_\_\_\_\_\_

**\*Enrollment Status:** (Check one)

* Full-Time
* Part-Time
* Not Enrolled

Trainees who are not enrolled in a formal degree program may include non-degree seeking students and post-graduate trainees who are completing a fellowship

**\*Year Start Date**: \_\_\_\_\_ / \_\_\_\_\_(mm/yyyy; pertains to training program only, not academic program)

**\*Year Completion Date:**  \_\_\_\_\_ / \_\_\_\_\_\_(mm/yyyy; pertains to training program only; if the completion date for this year is currently unknown, supply an estimate and update when training is completed)

**Trainee Type**

(note-these questions will be used to query trainees for Progress Report, Performance Measures and similar functions. If you will report a trainee as both a LEND and UCEDD trainee, answer yes to both questions.)

**Is this a LEND trainee?** 🌕Yes 🌕 No

**Is this a UCEDD Preservice Prep or Continuing Education Trainee?** 🌕Yes 🌕 No

**\*Does the trainee have MCHB support?** 🌕Yes 🌕 No

**\*Upon completing their training, will the trainee qualify as a:** (Check one)

🌕 Long-Term Trainee? (300+ hours upon completion of training)

🌕 Intermediate Trainee? (40-299 hours upon completion of training)

Individuals whose entire training program is less than 40 hours may be captured in the Short Term Trainee dataset.

Undergraduate long-term trainees are generally not allowable. Please contact your project office before enrolling undergraduate long-term trainees into your program. LEND programs should refer to the NOFO for exceptions.

**\*If trainee has MCHB support (“Yes” above), list MCHB support (i.e., stipend and/or or covered tuition/fees) for trainee:**

**Support Amount:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support Type:**

* Stipend
* Tuition
* Stipend and Tuition
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Support Type

Check all categories to describe any program-related financial support that the trainee is currently receiving. (check all that apply)

Core Grant Funding

* MCHB Core
* MCHB Autism Supplement
* OIDD
* OSEP

Other Funding

* Clinical Fees
* Academic Department
* Internship
* Fellowship/Scholarship
* Other
* None/Not Applicable

**\*Product(s) Produced by the Student this year** (Required if applicable)

(Must complete Product entry form for each new product prior to attaching product to Trainee record.)

🌕 Existing (linkable) ­­­­­­­­­­

**Presentation(s) by the Student this year:**

Presentation Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Venue:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OPTIONAL:**

**Type of Participation:** (Check all that apply)

* Didactic
* Clinical
* Research
* Practicum/Field Work
* Other – Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following training curricula is the trainee completing (independent of trainee’s funding source/s)? (Check all that apply)

* MCHB LEND
* OIDD
* OSEP
* Pediatric Residency
* Other – Please Specify: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Not Applicable