



TO BE COMPLETED BY THE AWARDEE

Response should only include updates, changes and activities since the last report. If additional space is needed, continue onto a separate sheet. Attach reprints (if available) of any publications listed. (Please type or print.)

AWARDED NAME, DEGREES (Print)		LOCATION OF PRIMARY OFFICE AND WORK SITE	ROUTING SYMBOL
VA TITLE		VA MEDICAL CENTER (City, State)	
ACADEMIC RANK, DEPARTMENT AND AFFILIATION			
E-MAIL ADDRESS		TELEPHONE NUMBER	FAX NUMBER

1. SPECIFY ANY CHANGES TO MENTORING, RESEARCH OR CAREER PLANS, INTEREST OR FOCUS SINCE LAST REPORT.

2. LIST ALL NON-RESEARCH ACTIVITIES FOLLOWED BY PER CENT OF AWARDEES TIME COMMITMENT TO EACH

Non-Research Role or Activity	% Time	Non-Research Role or Activity	% Time
A.	%	C.	%
B.	%	D.	%

3. TRAINING SINCE LAST REPORT (formal courses, seminars, data sessions, lab meetings, journal clubs, lecture series, etc.)

Training Received	Time Period	Training Received	Time Period
A.		D.	
B.		E.	
C.		F.	

4. PARTICIPATION IN NATIONAL OR INTERNATIONAL SCIENTIFIC MEETINGS

Meeting	Date	Meeting	Date
A.		C.	
B.		D.	

5. PUBLISHING EFFORT SINCE LAST REPORT, LIST ARTICLES SUBMITTED (attach extra page if necessary), IN-PRESS, OR PUBLISHED

Name of Journal	Peer Review	1st or 2nd Author?	Topic of Article	Publication Date or Status
A.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
B.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
C.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
D.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
E.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		
F.	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>		

6. SPECIAL ACHIEVEMENTS OR RECOGNITION SINCE LAST REPORT

Please refer to the Health Services Research and Development Service Capacity Building Handbook, for a complete description of the Career Development Program and instructions for preparing annual reports.

7. NEW PROJECTS AND PROPOSALS SINCE LAST REPORT (*Attach completed VA Forms 10-1313-7 and 10-1313-8*)

Project Number	Role	Source	Budget	Status
A.				
B.				
C.				
D.				
E.				
F.				

8. PRESENTATIONS AND INVITED LECTURES SINCE LAST REPORT

Description	Occasion	Location	Date
A.			
B.			
C.			
D.			
E.			
F.			

9. NAMES OF MENTORS AND DESCRIPTION OF LEVEL OF INTERACTIONS WITH AWARDEE (*% time, days/week, days/month, etc.*)

Primary Mentor	
Secondary Mentor	
Tertiary Mentor	

10. SIGNATURE (<i>Signature of Awardee</i>)	DATE
---	------

11. SIGNATURE OF AWARDEE'S ACOS FOR RD (<i>I have reviewed the awardees progress and found it satisfactory.</i>)	DATE
--	------

12. COMMENTS (*Awardee or ACOS for RD*)