



[Empty box for date completed]

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.)

AWARDEE NAME, DEGREES (Print)	LOCATION OF PRIMARY OFFICE AND WORK SITE	ROUTING SYMBOL
[Empty box]	[Empty box]	[Empty box]

VA TITLE	VA MEDICAL CENTER (City, State)
[Empty box]	[Empty box]

ACADEMIC RANK, DEPARTMENT AND AFFILIATION

[Empty box]

E-MAIL ADDRESS	TELEPHONE NUMBER	FAX NUMBER
[Empty box]	[Empty box]	[Empty box]

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

[Empty box]

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 [Empty box]	[Empty box]	C [Empty box]	[Empty box]
B [Empty box]	[Empty box]	D [Empty box]	[Empty box]

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 [Empty box]	[Empty box]	D [Empty box]	[Empty box]
B [Empty box]	[Empty box]	E [Empty box]	[Empty box]
C [Empty box]	[Empty box]	F [Empty box]	[Empty box]

4. PARTICIPATION IN NATIONAL OR INTERNATIONAL SCIENTIFIC MEETINGS

Meeting	Date	Meeting	Date
A [Empty box]	[Empty box]	C [Empty box]	[Empty box]
B [Empty box]	[Empty box]	D [Empty box]	[Empty box]

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 [Empty box]	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	[Empty box]	[Empty box]
B [Empty box]	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	[Empty box]	[Empty box]
C [Empty box]	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	[Empty box]	[Empty box]
D [Empty box]	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	[Empty box]	[Empty box]
E [Empty box]	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	[Empty box]	[Empty box]
F [Empty box]	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> Y <input type="radio"/> N	[Empty box]	[Empty box]

6. SPECIAL ACHIEVEMENTS OR RECOGNITION SINCE LAST REPORT

[Large empty box for special achievements or recognition]

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(Signature of Awardee)	DATE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

11. NAME AND SIGNATURE OF AWARDEE' S ACOS FOR RD <i>(I have reviewed the awardees progress and found it satisfactory.)</i>	DATE
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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