

## Cancer Prevention Fellowship Program Exit Survey

**1. What were your expectations about the fellowship program before you entered the program, and did the fellowship program meet these expectations? (Please check all expectations that apply and whether each expectation was met.)**

Expectation	Expectation met?	
	Yes	No
_____ Data available to analyze	_____	_____
_____ Learn how to develop and carry out a research proposal	_____	_____
_____ Job prospects in the Federal Government	_____	_____
_____ Learn health policy at the national level	_____	_____
_____ Learn about cancer prevention and control	_____	_____
_____ Other (specify) _____	_____	_____
_____ _____	_____	_____
_____ _____	_____	_____

**2. What do you consider to be the strengths and weaknesses of the fellowship program? (Please check all that apply and add any others)**

	Strength	Weakness
Summer Curriculum in Cancer Prevention	_____	_____
Colloquia, seminars	_____	_____
Fellows Research Meeting	_____	_____
Travel	_____	_____
Field assignment (if applicable)	_____	_____
Availability of data	_____	_____
Ability to network	_____	_____
Program staff	_____	_____
Supervision by preceptors	_____	_____
Stipends	_____	_____
Office space	_____	_____
Supplies	_____	_____
Availability of other resources	_____	_____
Computing funds	_____	_____
Length of the program	_____	_____
Job opportunities	_____	_____
Other (specify) _____	_____	_____
_____	_____	_____
_____	_____	_____

**3. Did you enter the fellowship program to make a career change or to continue your advancement in the field of cancer prevention and control?**

\_\_\_\_\_ Career change  
\_\_\_\_\_ Continue advancement

**4. What specific suggestions do you have for improving the fellowship program?**

**5. Are you an (please circle):**      **MD**              **PhD**              **DrPH**              **JD**  
**Other (please specify)** \_\_\_\_\_

**6. Do you have an MPH (please circle)?**              **Yes**              **No**

**7. What is your age?** \_\_\_\_\_

**8. What is your sex (please circle)?**              **Male**              **Female**

**9. In which Division and Branch did you work while at NCI?** \_\_\_\_\_  
\_\_\_\_\_

**10. We would appreciate any other comments you might have:**

**Optional:**

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

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Please return this form to:**

Lisa Poe

Cancer Prevention Fellowship Program

Division of Cancer Prevention

National Cancer Institute

6130 Executive Boulevard

Executive Plaza North, Suite 321

Bethesda, MD 20892

301-496-8640