

**SAMHSA MINORITY FELLOWSHIP PROGRAM**  
**American Nurses Association**

**FELLOW'S CURRENT STATUS QUESTIONNAIRE – PART I**

**FELLOW'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Month/Year)

The purpose of the questionnaire (Part 1) is to provide the National Advisory Committee with the necessary information to discuss your continuation as a Fellow in the Minority Fellowship Program (MFP). Please complete only the sections that pertain to your current status.

**IF YOU ARE CURRENTLY ENROLLED IN SCHOOL COMPLETE  
PAGES 1-2 OF PART I AND PAGES 1-4 OF PART II  
IF YOU ARE NOT CURRENTLY ENROLLED  
COMPLETE THE SECTION OF PART I BEGINNING ON PAGE 3**

1. Name of College/University: \_\_\_\_\_
2. Department/Program: \_\_\_\_\_
3. Year you started graduate school: \_\_\_\_\_ 4. Year you expect to graduate: \_\_\_\_\_
5. Degree(s) when you entered MFP: \_\_\_\_\_ 6. Expected degree when you exit MFP: \_\_\_\_\_
7. Current Nursing Certifications: \_\_\_\_\_
8. Were you enrolled in a Doctoral program when selected for an MFP Award? \_\_\_ Yes \_\_\_ No
9. Indicate your highest level of graduate training:  

_____ <i>Completed Masters Coursework</i>	_____ <i>Preparing for Qualifying/Comp Exams</i>
_____ <i>Passed Qualifying/Comp Examinations</i>	_____ <i>Admitted to Candidacy</i>
_____ <i>Completed Dissertation</i>	_____ <i>Have Defended Dissertation</i>
10. Are you registered for classes this year? \_\_\_ Yes \_\_\_ No
11. Are you registered for classes this semester/term? \_\_\_ Yes \_\_\_ No  
If **no**, please explain why not:  
\_\_\_\_\_  
\_\_\_\_\_
12. Do you have incomplete coursework currently indicated on your transcript? \_\_\_ Yes \_\_\_ No  
If **no**, skip to questions **13**. If **yes**, please list course below and indicate when you plan to complete the work/assignment(s). If necessary, attach separate sheet for more space.  

Course: _____	Expected Completion Date: _____
Course: _____	Expected Completion Date: _____
13. What is your current cumulative GPA? \_\_\_\_\_
14. Have you participated in on-going research at this point in your program? \_\_\_ Yes \_\_\_ No  
(a) If **yes**, has this research been presented in any forum? \_\_\_ Yes \_\_\_ No  
If yes, please specify: \_\_\_\_\_

(b) If **yes**, has this research been published? \_\_\_\_ Yes \_\_\_\_ No

If published, please provide the complete references and copies of the articles:

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(c) Do you anticipate submitting a manuscript for publication? \_\_\_\_ Yes \_\_\_\_ No

(d) If **yes**, when do you expect to submit to a journal? \_\_\_\_\_  
(Month/Year)

(e) If **no** to the above items, **on a separate sheet** please discuss the status of your research. In your response, include what assistance you need to move your research forward.

15. Has a faculty member been assigned to serve as your mentor? \_\_\_\_ Yes \_\_\_\_ No

(a) If **yes**, please provide the following:

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

(b) Does your mentor have funded mental health research? \_\_\_\_ Yes \_\_\_\_ No

(c) If **yes**, please include title, source of funding, and grant number:

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(d) If **no** to question 15, please explain:

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16. Dissertation

Title: \_\_\_\_\_

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(a) **Or**, if **no** title yet, what will the general topic area be?

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(b) **Or**, Have not decided on a topic but are considering topics:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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**IF YOU ARE CURRENTLY ENROLLED SKIP PAGES 3 – 4 OF PART I AND CONTINUE BY COMPLETING PART II OF THE CURRENT STATUS QUESTIONNAIRE  
IF YOU ARE NOT CURRENTLY ENROLLED IN SCHOOL,  
PLEASE COMPLETE ONLY THIS SECTION**

FELLOW'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Month/Year)

1. Year you started graduate school: \_\_\_\_\_
2. Year you may possibly complete graduate school: \_\_\_\_\_
3. Expected degree if you complete graduate school: \_\_\_\_\_
4. Were you enrolled in a doctoral program when selected for an MFP award? \_\_\_Yes \_\_\_No
5. Degree (s) when entered MFP: \_\_\_\_\_
6. Current Nursing Certifications: \_\_\_\_\_
7. Please indicate your highest level at the time of withdrawal from school:  

___ Completed Masters Coursework	___ Passed Qualifying/ Comp Exams
___ Admitted to Candidacy	___ Not Completed Dissertation
___ Completed Dissertation*	___ Had Defended Dissertation

**\*PLEASE SEND 2 COPIES OF YOUR DISSERTATION ABSTRACT.**

8. We would like to know what happened to prevent you from completing your program at this time. Listed are some of the reasons people give for terminating. **Please check the ones that most closely applied to your situation.** Please add others if you wish.  

___ Lack of sufficient funds to pay tuition and personal expenses
___ Need to support family members
___ School program not a good match for personal goals
___ Lack of support from department faculty/staff
___ Coursework was more difficult than expected
___ Program took a lot longer than expected
___ Other reasons (if you wish) _____
9. One of the goals of the MFP is the professional development of its Fellows. Please provide the following information so that we might update your records:  

(a) Association/Affiliations: \_\_\_\_\_  
\_\_\_\_\_

(b) Research Conducted: \_\_\_\_\_  
\_\_\_\_\_

(c) Honors/Awards received? \_\_\_Yes \_\_\_No

List Awards: \_\_\_\_\_

\_\_\_\_\_

(d) Publications?    \_\_\_ Yes    \_\_\_ No    *(Please include copies of articles)*

(e) Served on Research Review Panels?    \_\_\_ Yes    \_\_\_ No

List: \_\_\_\_\_

10. Current population (s) you are now serving as a volunteer: \_\_\_\_\_

\_\_\_\_\_

If the populations are not ethnic minorities or other underserved populations, describe how your work is related to your educational goals and those of the Minority Fellowship Program.

11. Please complete the employment information:

(a) Current Primary Work Setting: \_\_\_\_\_

(b) Position Title: \_\_\_\_\_

(c) Name of Primary Employer: \_\_\_\_\_

(d) Current Secondary Work Setting (if applicable): \_\_\_\_\_

(e) Position Title: \_\_\_\_\_

(f) Percentage of Hours/Week for Secondary Position: \_\_\_\_\_

12. Please attach a copy of your most recent **Curriculum Vitae**.

**THANK YOU FOR YOUR HELP!**

**PLEASE RETURN THIS FORM TO:**

**SAMHSA Minority Fellowship Program  
American Nurses Association  
8515 Georgia Avenue, Suite 400  
Silver Spring, MD 20910-3492**

**SAMHSA MINORITY FELLOWSHIP PROGRAM**  
**American Nurses Association**  
**FELLOW'S CURRENT STATUS QUESTIONNAIRE – PART II**

**YOUR PERCEPTIONS AS A RESEARCHER**

1. Are you participating in research?    \_\_\_Yes \_\_\_ No

If **yes**, describe your role in concrete terms: \_\_\_\_\_  
\_\_\_\_\_

2. Is your knowledge and application of research designs and methods at a satisfactory level, compared with others in your class?    \_\_\_Yes \_\_\_No

3. Has your knowledge of statistical models and their applications improved since last term?  
      \_\_\_Yes \_\_\_No

(a) Is your theoretical knowledge adequate?    \_\_\_Yes \_\_\_No

(b) If **no**, what do you need to master before you consider your theoretical knowledge to be adequate?

(c) What assistance from the MFP would facilitate your progress?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you consider your writing skills to be satisfactory?    \_\_\_ Yes \_\_\_No

(a) If **no**, in what area(s) do you need to improve?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) Does your institution offer writing clinics?    \_\_\_Yes \_\_\_No

(c) Have you requested their assistance?    \_\_\_ Yes \_\_\_No

5. Do you think of yourself as a researcher?    \_\_\_ Yes \_\_\_No

**PERCEPTIONS OF YOUR DEPARTMENT**

1. Does your Academic Advisor understand the purpose of the MFP?    \_\_\_Yes \_\_\_No

2. (a) How many ethnic minority faculty are in your Department? \_\_\_\_\_

(b) Do you have access (talk, work with) to them?  Yes  No

3. Are courses about ethnic minority mental health issues included in the curriculum?

Yes  No

4. Is content about ethnic minority populations included in courses?

Yes  No

5. Does your course work provide you with the research and theoretical knowledge needed to conduct research with ethnic minority populations?

Yes  No

6. Are departmental faculty aware of the dynamics created by socioeconomic status, race, ethnicity cultural variations and other differences?

Yes  No

7. Is the departmental climate such that you feel included?  Yes  No

(a) If no, list the barriers related to your not feeling included in the department:

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8. Do you have the departmental support services necessary to advance your research?

Yes  No

(a) If no, what do you need?

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9. Is tutorial assistance available for students?  Yes  No

10. Do ethnic minority students develop their own mechanisms for social support at your institution?

Yes  No

11. Are you involved in campus ethnic minority organizations? (*Check all that apply*)

- campus-wide
- school/college
- department
- task forces
- committees

\_\_\_\_ other (Please specify): \_\_\_\_\_

**PERCEPTIONS OF MINORITY FELLOWSHIP PROGRAM (MFP)**

1. Awareness of MFP has resulted in an increase in the number of ethnic minority students in my department.     \_\_\_ Yes   \_\_\_ No
  
2. Does the MFP require more stringent criteria for Fellow selection?   \_\_\_ Yes   \_\_\_ No  
**(a)** If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Is the MFP's funding level sufficient to defray the expenses associated with tuition?   \_\_\_Yes   \_\_\_No
  
4. Are stipend allocations sent to Fellows in a timely manner?   \_\_\_ Yes   \_\_\_ No  
**(a)** If no, describe your ideal timing and identify any other concerns you might have regarding allocations of funds.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DOCTORAL STATUS**

If you are at the dissertation stage, please respond to the following questions. If **not**, skip to question 3.

1. Dissertation committee is:  

<b>(a)</b> Not selected	___ Yes   ___ No
<b>(b)</b> Some members selected	___ Yes   ___ No
<b>(c)</b> Members selected but have not met	___ Yes   ___ No
<b>(d)</b> Members selected and have met	___ Yes   ___ No
<b>(e)</b> Other (Please Specify):	_____
  
2. **(a)** Provide the name and credentials of your doctoral committee chairperson.  
\_\_\_\_\_  
  
**(b)** Describe your chairperson's research program and include external funding that he/she might have to support this research.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. At what state(s) are you:
- (a) Writing your proposal ?  Yes  No
  - (b) Waiting for proposal approval?  Yes  No
  - (c) Collecting data?  Yes  No
  - (d) Analyzing data?  Yes  No
  - (e) Writing the results?  Yes  No
  - (f) Dissertation defense?  Yes  No
4. What is your anticipated date of completion of your dissertation?

\_\_\_\_\_

(Month/Year)

5. For future communication, please provide us with the following current information:

(a) Business Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

(b) Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cellular: \_\_\_\_\_

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

**Thank you for taking the time to complete this questionnaire!**

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**SAMHSA MINORITY FELLOWSHIP PROGRAM**  
**American Nurses Association**  
**ADVISOR'S QUESTIONNAIRE ON EMFP FELLOW/ADVISEE**  
**CURRENT STATUS**  
**Part II**

The purpose of this questionnaire are to (a) provide the MFP National Advisory Committee with the necessary current program status information to assess the Fellow's/Advisee's progress; (b) determine if the Fellow's Advisee's progress and program plan meets current federal guidelines; and (c) determine ways in which together we might facilitate the Fellow's/Advisee's progress. Please use additional sheets for comments and number the items accordingly. Thank you for taking the time out of your busy schedule to respond to the items.

1. Institution: \_\_\_\_\_
2. Department/Division: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_
4. General Telephone Number: (    ) \_\_\_\_\_/\_\_\_\_\_

- |   |   |
|---|---|
| 5. Advisee Name: _____                            | 6. Advisor Name: _____                  |
| (a) Substantive Area: _____                       | (a) Title: _____                        |
| (b) Admission Date: _____/_____/_____             | (b) Substantive Area: _____             |
| (c) Length of time student had been your advisee: | <u>Telephone Numbers:</u>               |
| _____ Years                                       | (c) Academic Office: (    ) _____/_____ |
| _____ Months                                      | (d) Research Office: (    ) _____/_____ |
| _____ Days  | <u>E-mail/Fax:</u>                      |
|   | (e) E-mail: _____                       |
|   | (f) Fax: (    ) _____/_____             |

**PROGRESS IN PROGRAM OF STUDY**

1. Has the Advisee completed the required ?:
  - (a) core courses?                    \_\_\_\_\_ Yes    \_\_\_\_\_ No
  - (b) research courses?                \_\_\_\_\_ Yes    \_\_\_\_\_ No
  - (c) Cognate/substantive courses?    \_\_\_\_\_ Yes    \_\_\_\_\_ No
2. Is the Advisee completing the requirements in the time expected?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

(a) If **no**, please describe the reasons for not meeting the expectations.

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3. Has the Advisee been admitted to candidacy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **no**, what is the planned date of admission? Month \_\_\_\_\_ Year \_\_\_\_\_

4. Has the Advisee begun the dissertation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **yes**, at what point in the process?

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5. Date expected to earn doctorate: \_\_\_\_\_

6. Please evaluate the Advisee's academic progress to date (*Check the applicable rating.*)

(a) \_\_\_\_\_ Excellent  
(*Superior quality performance in all courses*)

(b) \_\_\_\_\_ Above Average  
(*High quality performance in all courses*)

(c) \_\_\_\_\_ Average  
(*Good performance in all courses*)

(d) \_\_\_\_\_ Fair  
(*Below average performance in all courses*)

(e) \_\_\_\_\_ Poor  
(*Unacceptable performance in all courses*)

(f) \_\_\_\_\_ Unable to Evaluate

(g) \_\_\_\_\_ List the rationale for your evaluation of the Advisee's performance.  
(*Please cite specific examples.*)

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### **RESEARCH FOCUS**

Each Advisee is required to focus on a psychiatric/mental health or HIV/AIDS question or issue that relates directly to ethnic minority populations.

1. Describe the Advisee's research focus and the racial and ethnic population. \_\_\_\_\_

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2. Did the Advisee take required and /or cognate courses during this reporting period? \_\_\_\_\_ Yes \_\_\_\_\_ No

(a) If **yes**, how many? \_\_\_\_\_

(b) If **yes**, briefly describe how the courses were related to the Advisee's research focus:

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**RESEARCH PARTICIPATION**

1. During this reporting period, did the Advisee participate in a research project? \_\_\_\_\_ Yes \_\_\_\_\_ No

(a) If **yes**, specifically list the extent of the Advisee's participation (i.e., what were the tasks/functions and the outcomes: \_\_\_\_\_

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(b) Principal Investigator of the research project: \_\_\_\_\_

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(c) Title: \_\_\_\_\_

(d) Funding source and other identifying information, i.e., grant number: \_\_\_\_\_

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2. Evaluate the Advisee's ability to conduct research with racial and ethnic minority populations.  
(Check the applicable rating).

(a) conferences? \_\_\_\_\_ Yes \_\_\_\_\_ No

(b) special workshops? \_\_\_\_\_ Yes \_\_\_\_\_ No

(c) training programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

(d) If **yes** to any of the above, please list the name, location, and date:

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2. Did the Advisee present a research or other scholarly paper? \_\_\_\_\_ Yes \_\_\_\_\_ No

(a) If **yes**, was it refereed? \_\_\_\_\_ Yes \_\_\_\_\_ No

(b) Name of presentation: \_\_\_\_\_

3. Has the Advisee published during this reporting period? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, title of article and reference: \_\_\_\_\_

4. Please comment on your Advisee's development as a researcher:

(a) Strengths:

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(b) Areas that need improvement: \_\_\_\_\_

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(c) Recommendations for enhancing Advisee's progress and strengths: \_\_\_\_\_

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