PHS Fellowship Supplemental Form

OMB Number: 0925-0001

Introduction

1. Inroduction (for Resubmission) — Add Attachment | Delete Attachment | View Attachment

Fellowship Applicant Section

2. Applicant's Backround and Goals for Fellowship Training — Add Attachment | Delete Attachment | View Attachment

Research Training Plan Section

3. Specific Aims — Add Attachment | Delete Attachment | View Attachment
4. Research Strategy — Add Attachment | Delete Attachment | View Attachment
5. Respective Contributions — Add Attachment | Delete Attachment | View Attachment
6. Selection of Sponsor and Institution — Add Attachment | Delete Attachment | View Attachment
7. Progress Report Publication List (for RENEWAL applications only) — Add Attachment | Delete Attachment | View Attachment
8. Training in the Responsible Conduct of Research — Add Attachment | Delete Attachment | View Attachment

Sponsor(s), Collaborator(s), and Consultant(s) Section

9. Sponsor and Co-Sponsor Statements — Add Attachment | Delete Attachment | View Attachment
10. Letters of Support from Collaborators, Contributors, and Consultants — Add Attachment | Delete Attachment | View Attachment

Institutional Environment and Commitment to Training Section

11. Description of Institutational Environment and Commitment to Training — Add Attachment | Delete Attachment | View Attachment

Other Research Training Plan Section

Human Subjects

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

Are Human Subjects Involved? ☐ Yes ☐ No

12. Human Subjects Involvement Indefinite? ☐ Yes ☐ No

13. Clinical Trial? ☐ Yes ☐ No

14. Agency-Defined Phase III Clinical Trial? ☐ Yes ☐ No

15. Protection of Human Subjects [ ] Add Attachment | Delete Attachment | View Attachment

16. Data Safety Monitoring Plan [ ] Add Attachment | Delete Attachment | View Attachment

17. Inclusion of Women and Minorities [ ] Add Attachment | Delete Attachment | View Attachment

18. Inclusion of Children [ ] Add Attachment | Delete Attachment | View Attachment

Vertebrate Animals

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

Are Vertebrate Animals Used? ☐ Yes ☐ No

19. Vertebrate Animals Use Indefinite? ☐ Yes ☐ No

20. Are animals euthanized? ☐ Yes ☐ No

If **"Yes"** to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines? ☐ Yes ☐ No

If **"No"** to AVMA guidelines, describe method and provide a scientific justification [ ]

21. Vertebrate Animals [ ] Add Attachment | Delete Attachment | View Attachment

Other Research Training Plan Information

22. Select Agent Research [ ] Add Attachment | Delete Attachment | View Attachment

23. Resource Sharing Plan [ ] Add Attachment | Delete Attachment | View Attachment

24. Authentication of Key Biological and/or Chemical Resources [ ] Add Attachment | Delete Attachment | View Attachment

Additional Information Section

25. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells? ☐ Yes ☐ No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following llist: http://stemcells.nih.gov/research/registry/, Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s) (Example:0004):

Add

26. Alternate Phone Number

27. Degree Sought During Proposed Award:

Degree	If "other", please indicate degree type	Expected Completion Date (MM/YYYY):	
			Reset Entry

28.*Field of Training for Current Proposal

29. *Current or Prior Kirschstein-NRSA Support? ☐ Yes ☐ No

If yes, please identify current and prior Kirschstein-NRSA support below:

* Level	* Type	Start Date *(if known)*	End Date *(if known)*	Grant Number *(if known)*	
					Reset Entry

Add

30. *Applications for Concurrent Support? ☐ Yes ☐ No

If yes, please describe in an attached file Add Attachment Delete Attachment View Attachment

31. * Citizenship

U.S. Citizen ☐ U.S. Citizen or Non-Citizen National

Non-U.S. Citizen ☐ With a Permanent U.S. Resident Visa ☐ With a Temporary U.S. Visa

If you are a non-U.S. citizen with a temporary visa who has applied for permanent resident status and expects to hold a permanent resident visa by the earliest possible start date of the award, please also check here. ☐

32. ☐ Change of Sponsoring Institution

Name of Former Institution

Budget Section

All Fellowship Applicants:

1. * Tuition and Fees: ☐ None Requested ☐ Funds Requested

Year 1	
Year 2	
Year 3	
Year 4	
Year 5	
Year 6 *(if applicable)*	
Total Funds Requested:	

Senior Fellowship Applicants Only

	Amount	Academic Period	Number of Months	
2. Present Institutional Base Salary:				Reset Entry

3. Stipends/Salary During First Year of Proposed Fellowship

	Amount	Number of Months
a. Federal Stipend Requested:		
b. Supplementation from other sources:		

Type (sabbatical leave, salary, etc.)

Source

Appendix Add Attachments Delete Attachments View Attachments ☐