

# PHS Fellowship Supplemental Form

OMB Number: 0925-0002

## A. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference, as you provide the responses that are appropriate for this Fellowship application.

New
  Resubmission
  Renewal
  Continuation
  Revision

## B. Research Training Plan

1. Introduction to Application <i>(for RESUBMISSION applications only)</i>		Add Attachment	Delete Attachment	View Attachment
2. * Specific Aims		Add Attachment	Delete Attachment	View Attachment
3. * Research Strategy		Add Attachment	Delete Attachment	View Attachment
4. Inclusion Enrollment Report <i>(for RENEWAL applications only)</i>		Add Attachment	Delete Attachment	View Attachment
5. Progress Report Publication List <i>(for RENEWAL applications only)</i>		Add Attachment	Delete Attachment	View Attachment

### Human Subjects

*Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.*

Are Human Subjects Involved?       Yes       No

6. Human Subjects Involvement Indefinite?       Yes       No
7. Clinical Trial?       Yes       No
8. Agency-Defined Phase III Clinical Trial?       Yes       No

9. Protection of Human Subjects		Add Attachment	Delete Attachment	View Attachment
10. Inclusion of Women and Minorities		Add Attachment	Delete Attachment	View Attachment
11. Targeted/Planned Enrollment		Add Attachment	Delete Attachment	View Attachment
12. Inclusion of Children		Add Attachment	Delete Attachment	View Attachment

### Other Research Training Plan Sections

*Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the use of vertebrate animals, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.*

Are Vertebrate Animals Used?       Yes       No

13. Vertebrate Animals Use Indefinite?       Yes       No

14. Vertebrate Animals		Add Attachment	Delete Attachment	View Attachment
15. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
16. Resource Sharing Plan		Add Attachment	Delete Attachment	View Attachment
17. * Respective Contributions		Add Attachment	Delete Attachment	View Attachment
18. * Selection of Sponsor and Institution		Add Attachment	Delete Attachment	View Attachment
19. * Responsible Conduct of Research		Add Attachment	Delete Attachment	View Attachment

# PHS Fellowship Supplemental Form

## C. Additional Information

### Human Embryonic Stem Cells

1. \* 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 list: <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):


### Fellowship Applicant

2. Alternate Phone Number:

3. Degree Sought During Proposed Award:

Degree:

If "other", please indicate degree type:

Expected Completion Date (month/year):

4. \* Field of Training for Current Proposal:

5. \* Current And/Or Prior Kirschstein-NRSA Support?  Yes  No

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

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)	
▼	▼				<input type="button" value="Reset Entry"/>
▼	▼				<input type="button" value="Reset Entry"/>
▼	▼				<input type="button" value="Reset Entry"/>
▼	▼				<input type="button" value="Reset Entry"/>

6. \* Applications for Concurrent Support?  Yes  No

*If yes, please describe in an attached file:*

<input style="width: 95%;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
--	---	--	--

7. \* Goals for Fellowship Training and Career

<input style="width: 95%;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
--	---	--	--

8. \* Activities Planned Under This Award

<input style="width: 95%;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
--	---	--	--

9. Doctoral Dissertation and Other Research Experience

<input style="width: 95%;" type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
--	---	--	--

10. \* Citizenship:  U.S. Citizen or noncitizen national

Permanent Resident of U.S.

*(if a permanent resident of the U.S., a notarized statement must be provided by the time of award)*

Permanent Resident of U.S. Pending

Non-U.S. Citizen with temporary U.S. visa

# PHS Fellowship Supplemental Form

## C. Additional Information (continued)

### Institution

11.  Change of sponsoring Institution

Name of Former Institution:

## D. Sponsor(s) and Co-Sponsor(s)

\* Sponsor(s) and Co-Sponsor(s) Information

Add Attachment

Delete Attachment

View Attachment

## E. Budget

### All Fellowship Applicants:

1. \* Tuition and Fees:

None requested

Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (when applicable)

**Total Funds Requested:**

### Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

Amount

Academic Period

Number of Months

Reset Entry

3. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested:

Amount

Number of Months

b. Supplementation from other sources:

Amount

Number of Months

Type (sabbatical leave, salary, etc.)

Source

## F. Appendix

Add Attachments

Delete Attachments

View Attachments