### PHS Fellowship Supplemental Form

#### Introduction
1. Introduction to Application (for Resubmission applications)

#### Fellowship Applicant Section
2. * Applicant's Background and Goals for Fellowship Training

#### Research Training Plan Section
3. * Specific Aims
4. * Research Strategy
5. * Respective Contributions
6. * Selection of Sponsor and Institution
7. Progress Report Publication List (for Renewal applications)
8. * Training in the Responsible Conduct of Research

#### Sponsor(s), Collaborator(s), and Consultant(s) Section
9. Sponsor and Co-Sponsor Statements
10. Letters of Support from Collaborators, Contributors, and Consultants

#### Institutional Environment and Commitment to Training Section
11. Description of Institutional Environment and Commitment to Training

#### Other Research Training Plan Section

### 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

12. Are vertebrate 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 scientific justification

13. Vertebrate Animals
### Additional Information Section

#### 17. 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 list: [http://stemcells.nih.gov/research/registry/](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):**

- [ ]

#### 18. Alternate Phone Number:

- [ ]

#### 19. Degree Sought During Proposed Award:

- **Degree:**
  - [ ]

- **If “other”, indicate degree type:**
  - [ ]

- **Expected Completion Date (MM/YYYY):**
  - [ ]

#### 20. * Field of Training for Current Proposal:

- [ ]

#### 21. * Current or Prior Kirschstein-NRSA Support?

- **Yes**
- **No**

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

<table>
<thead>
<tr>
<th>Level</th>
<th>Type</th>
<th>Start Date (if known)</th>
<th>End Date (if known)</th>
<th>Grant Number (if known)</th>
</tr>
</thead>
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<tr>
<td>[ ]</td>
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</table>

- [ ]

#### 22. * Applications for Concurrent Support

- **Yes**
- **No**

If yes, describe in an attached file:

- [ ]

#### 23. * Citizenship:

- **U.S. Citizen**
  - [ ]

- **U.S. Citizen or Non-Citizen National?**
  - [ ] Yes
  - [ ] No

- **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 applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here: [ ]

#### 24. Change of Sponsoring Institution

- **Name of Former Institution:**
  - [ ]
## Budget Section

**All Fellowship Applicants:**

25. 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:**

26. Present Institutional Base Salary:  
- Amount  
- Academic Period  
- Number of Months

27. Stipends/Salary During First Year of Proposed Fellowship:  
  a. Federal Stipend Requested:  
     - Amount  
     - Number of Months  
  b. Supplementation from Other Sources:  
     - Type (e.g., sabbatical leave, salary)  
     - Source

## Appendix

28. Appendix  
- Add Attachments  
- Delete Attachments  
- View Attachments