

PHS Fellowship Supplemental Form

View Burden Statement

OMB Number: 0925-0001
Expiration Date: 03/31/2020

Introduction

1. Introduction to Application
(for Resubmission applications)

Add Attachment

Delete Attachment

View Attachment

Fellowship Applicant Section

2. * Applicant's Background 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)

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 Institutional Environment
and Commitment to Training

Add Attachment

Delete Attachment

View Attachment

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

Add Attachment

Delete Attachment

View Attachment

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Other Research Training Plan Information

14. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
15. Resource Sharing Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
16. Authentication of Key Biological and/or Chemical Resources	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

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/>. 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):

X	<input type="text"/>
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Add

18. Alternate Phone Number:

19. Degree Sought During Proposed Award:

Degree:

If "other", indicate degree type:

Expected Completion Date (MM/YYYY):

Reset Entry

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:

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

Add

22. * Applications for Concurrent Support Yes No

If yes, describe in an attached file:

<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
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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:

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Budget Section

All Fellowship Applicants:

25. * Tuition and Fees:

None Requested

Funds Requested:

Year 1	<input type="text"/>
Year 2	<input type="text"/>
Year 3	<input type="text"/>
Year 4	<input type="text"/>
Year 5	<input type="text"/>
Year 6 (when applicable)	<input type="text"/>
Total Funds Requested:	<input type="text"/>

Senior Fellowship Applicants Only:

	Amount	Academic Period	Number of Months	
26. Present Institutional Base Salary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>

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

	Amount	Number of Months
a. Federal Stipend Requested:	<input type="text"/>	<input type="text"/>

	Amount	Number of Months
b. Supplementation from Other Sources:	<input type="text"/>	<input type="text"/>

Type (e.g., sabbatical leave, salary)

Source

Appendix

28. Appendix