

PHS Fellowship Supplemental Form

OMB Number: 0925-0001
Expiration Date: 02/28/2023

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

12. Description of Candidate's Contribution to Program Goals

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

13. 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

14. Vertebrate Animals

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Other Research Training Plan Information

15. Select Agent Research	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
16. Resource Sharing Plan	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
17. 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

18. 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):

19. Alternate Phone Number:

20. Degree Sought During Proposed Award:

Degree:

If "other", indicate degree type:

Expected Completion Date (MM/YYYY):

21. * Field of Training for Current Proposal:

22. * 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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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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23. * Applications for Concurrent Support

Yes No

If yes, describe in an attached file:

24. * 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:

25. Change of Sponsoring Institution

Name of Former Institution:

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Budget Section

All Fellowship Applicants:

26. * 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:

27. Present Institutional Base Salary:	Amount <input type="text"/>	Academic Period <input type="text"/>	Number of Months <input type="text"/>	<input type="button" value="Reset Entry"/>
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28. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested:	Amount <input type="text"/>	Number of Months <input type="text"/>
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b. Supplementation from Other Sources:	Amount <input type="text"/>	Number of Months <input type="text"/>
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Type (e.g., sabbatical leave, salary)

Source

Appendix

29. Appendix