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| Department of Health and Human Services<br>Public Health Service<br><b>Ruth L. Kirschstein National Research Service Award<br/>                 Individual Fellowship Application</b><br><i>Follow instructions carefully.<br/>                 Do not exceed character length restrictions indicated.</i>  |  | <b>LEAVE BLANK—For PHS use only.</b>  |  |   |
|   |  | Type  | Activity   | Number  |
|   |  | Review Group  |  | Formerly  |
|   |  | Meeting Dates   |  | Date Received   |
| 1. TITLE OF RESEARCH TRAINING PROPOSAL (Do not exceed 81 characters, including spaces and punctuation.)   |  |   |  |   |
| 2. LEVEL OF FELLOWSHIP  |  | 3. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT <input type="checkbox"/> NO <input type="checkbox"/> YES<br>(If "Yes," state number and title)<br>Number: _____ Title: _____ |  |   |
| 4a. NAME OF APPLICANT (Last, First, Middle)   |  | 4b. ERA COMMONS USER NAME   |  | 4c. HIGHEST DEGREE(S)   |
| 4d. PRESENT MAILING ADDRESS (Street, City, State, Zip Code)   |  | 4e. PERMANENT MAILING ADDRESS (Street, City, State, Zip Code)   |  |   |
|   |  | 4f. E-MAIL ADDRESS:   |  |   |
| TELEPHONES AND FAX (Area code, number and extension)  |  |   |  |   |
| 4g. OFFICE  |  | 4h. HOME  | 4i. PERMANENT  | 4j. FAX NUMBER  |
| 4k. <input type="checkbox"/> U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL<br><input type="checkbox"/> PERMANENT RESIDENT OF U.S.  |  | <input type="checkbox"/> PERMANENT RESIDENT OF U.S. PENDING<br><input type="checkbox"/> NON-U.S. CITIZEN WITH TEMPORARY U.S. VISA   |  |   |
| 5. TRAINING UNDER PROPOSED AWARD (See Fields of Training)<br>Discipline No.: _____ Subcategory Name: _____  |  |   | 6. PRIOR AND/OR CURRENT NRSA SUPPORT (Individual or Institutional)<br><input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to item 22, Form Page 5) |   |
| 7a. DATES OF PROPOSED AWARD<br>From (MM/DD/YY): _____ Through (MM/DD/YY): _____   |  | 7b. PROPOSED AWARD DURATION (in months)   |  | 8. DEGREE SOUGHT DURING PROPOSED AWARD<br>Degree: _____ Expected Completion Date: _____ |
| 9. HUMAN SUBJECTS RESEARCH<br><input type="checkbox"/> No <input type="checkbox"/> Yes<br><input type="checkbox"/> Indefinite   |  | 9b. Federalwide Assurance No. _____   |  |   |
| 9a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If "Yes," Exemption No. _____   |  | 10. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes<br>10a. Animal Welfare Assurance No. _____  |  |   |
| 9c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes   |  | 9d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes   |  |   |
| 11. SPONSORING INSTITUTION<br>Name _____<br>Address _____   |  | 13. OFFICIAL SIGNING FOR SPONSORING INSTITUTION<br>Name _____<br>Title _____<br>Address _____   |  |   |
| 12a. ENTITY IDENTIFICATION NO. _____  |  | 12b. DUNS NO. _____   |  | Tel: _____ Fax: _____<br>E-Mail: _____  |
| 14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. |  |   |  |   |
| SIGNATURE OF OFFICIAL NAMED IN 13.<br>(In ink. "Per" signature not acceptable.)   |  |   |  | DATE  |