Kirschsteir	n-NRSA Individual Fel	lowship Application	NAME OF APPLICANT (Last, first, middle initial)	
(To be completed	d by fellowship applicant – fo	llow PHS 416-1 instructions)		
18. GOALS FOR KIR	SCHSTEIN-NRSA FELLOW	SHIP TRAINING AND CAREER		
	ı		·	identified below. (See instructions.)
Year	Research	Course Work	Teaching	Clinical
First				
Second				
Third				
		PREDOCTORAL FELLOW	SHIPS ONLY	
Fourth				
Fifth				
		MD/PhD FELLOWSHIF	PS ONLY	
Sixth				
		elate them to the proposed resear		
Sponsoring Institution		minary Project/Performance Site t	The same as the Yes	No
If No, provide detailed	d information below for the Pr	rimary Project/Performance Site L	ocation	
Organizational Name:	:			
DUNS:				
Street 1:		Street 2	: :	
City:		County:		State:
Province:		Country:	Zip/Postal C	
	Site Congressional Districts:	Country.	Σίρ/1 οσταί ο	vouc.
21. HUMAN EMBRY	<u> </u>	No Yes		
If the proposed project	ct involves human embryoni	c stem cells, list below the regist //eligibilityCriteria.asp. Use of		ell line(s) from the following list:
If a specific line cannot	be referenced at this time, inc	lude a statement that one from the F	Registry will be used.	
Cell Line				