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| Form Approved Through 10/31/2011 OMB No. 0925-0002 |
| Department of Health and Human ServicesPublic Health ServiceRuth L. Kirschstein National Research Service AwardIndividual Fellowship Application*Follow instructions carefully.**Do not exceed character length restrictions indicated.* | **LEAVE BLANK—For PHS use only.** |
| 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 *(If “Yes,” state number and title)* | [ ]  NO [ ]  YES |
|       | 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. [ ]   | U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL | [ ]  | PERMANENT RESIDENT OF U.S. PENDING |
|  [ ]  | PERMANENT RESIDENT OF U.S. | [ ]  | NON-U.S. CITIZEN WITH TEMPORARY U.S. VISA |
| 5. TRAINING UNDER PROPOSED AWARD (See Fields of Training) | 6. PRIOR AND/OR CURRENT NRSA SUPPORT *(Individual or Institutional)*[ ]  NO [ ]  YES *(If “Yes,” refer to item 22, Form Page 5)* |
| Discipline No.:     | Subcategory Name:      |
| 7a. DATES OF PROPOSED AWARD | 7b. PROPOSED AWARD DURATION | 8. DEGREE SOUGHT DURING PROPOSED AWARD |
| From *(MM/DD/YY)*:      | Through *(MM/DD/YY)*:      | *(in months)*   | Degree:      | Expected Completion Date:      |
| 9. HUMAN SUBJECTS RESEARCH[ ]  No [ ]  Yes[ ]  Indefinite |  9b. Federalwide Assurance No.       | 10. VERTEBRATE ANIMALS  | [ ]  No [ ]  Yes |
|  9c. Clinical Trial [ ]  No [ ]  Yes | 9d. NIH-defined Phase III Clinical Trial [ ]  No [ ]  Yes | 10a. Animal Welfare Assurance No.      |
| 9a. Research Exempt [ ]  No [ ]  Yes If “Yes,” Exemption No.       |
| 11. SPONSORING INSTITUTION | 13. OFFICIAL SIGNING FOR SPONSORING INSTITUTION  |
| Name |       | Name |       |
| Address |       | Title |       |
| Address |       |
| 12a. ENTITY IDENTIFICATION NO.  | 12b. DUNS NO. | Tel: |       | Fax: |       |
|       |       | 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.(In ink. “Per” signature not acceptable.) | DATE      |

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