Department of Health and Human Services Public Health Services Statement of Appointment (Please Type)				Follow attached instructions carefully. Submit this form at the time the individual is appointed, is reappointed, or the reported appointment is amended. Return this form to the PHS awarding component. For new postdoctoral trainees under NRSA, signed and dated payback agreement must accompany this form.						
1				POINTE	3. SEX					
Type Activity ID Serial No.										
			2b. CO	MMONS	SID					
4. TYPE C	F ACTION (Check only one type)			5. P	RIOR NRSA	SUPF	PORT (Individual or in	nstitutional)	
					☐ NO ☐ YES (If "Yes," see instructions)					
REA										
AM	ENDMENT o	f items checked: 2 9 15	20							
6. SOCIAL SECURITY NO. XXX-XX-					7. BIRTHDATE (Month, day, year)					
8. CITIZEN	NSHIP (See i	instructions)			9. PERMANENT MAILING ADDRESS					
□ U.	.S. Citizen or	Noncitizen National								
Non-U	.S. Citizen									
 With a Permanent U.S. Resident Visa ("Green Card") With a Temporary U.S. Visa										
If not a	a U.S. citizen,	of which country are you a citizen?								
						E-mail				
10. Are you	Hispanic (or	Latino)? YES NO De	o Not W	Vish to P	rovide					
11. What is your racial background? Check one or more American Indian or Alaska Native Native Hawaiian or other Pacific Islander Asian				12. Do you have a disability?						
				YES NO Do Not Wish to Provide						
				If yes, which of the following categories describe your disability(ies):						
☐ Black or African American				He	earing		☐ Mobility/Orthopedic Impairment			
☐ White				☐ Vi	sual		☐ Other			
∐ Do	13	13. Are you from a disadvantaged background?								
					☐ YES ☐ NO ☐ Do Not Wish to Provide					
14. FIELD OF RESEARCH TRAINING OR CAREER DEVELOPME appointment)				(for this 15. PERIOD OF APPOINTMENT (Month, day, year)				v, year)		
Enter a 4 digit code from instructions:				From: To:						
16. EDUCA	TION – AFTE	ER HIGH SCHOOL (Indicate all academi	ic and p	orofessio	nal ea	lucation. For f	oreig	ın degrees, give U.S.	equivalent.)	
(a) Name of Institution and Location (List most recent first)				(b) Degree(s) Received				(c) Major Field	(d) Minor Field	
				Deg	ree	Mo./Yr.				

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