

# PHS Fellowship Supplemental Form

OMB Number: 0925-0001

## A. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.

New  Resubmission  Renewal  Continuation  Revision

## B. Research Training Plan

- |   |                      |   |  |  |
|---|----------------------|---|--|--|
| 1. Introduction to Application<br><i>(for RESUBMISSION applications only)</i> | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 2. * Specific Aims  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 3. * Research Strategy  | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 4. Progress Report Publication List<br><i>(for RENEWAL applications only)</i> | <input type="text"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

## Human Subjects

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Human Subjects Involved?  Yes  No

- |   |  |   |  |  |
|---|--|---|--|--|
| 5. Human Subjects Involvement Indefinite?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |  |
| 6. Clinical Trial?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |  |
| 7. Agency-Defined Phase III Clinical Trial? | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |  |
| 8. Protection of Human Subjects             | <input type="text"/>                                     | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 9. Inclusion of Women and Minorities        | <input type="text"/>                                     | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 10. Inclusion of Children                   | <input type="text"/>                                     | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

## Other Research Training Plan Sections

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the use of vertebrate animals, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Vertebrate Animals Used?  Yes  No

- |  |  |   |  |  |
|--|--|---|--|--|
| 11. Vertebrate Animals Use Indefinite?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |  |
| 12. Vertebrate Animals                     | <input type="text"/>                                     | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 13. Select Agent Research                  | <input type="text"/>                                     | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 14. Resource Sharing Plan                  | <input type="text"/>                                     | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 15. * Respective Contributions             | <input type="text"/>                                     | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 16. * Selection of Sponsor and Institution | <input type="text"/>                                     | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 17. * Responsible Conduct of Research      | <input type="text"/>                                     | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

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## C. Additional Information

### Human Embryonic Stem Cells

1. \* 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):


### Fellowship Applicant

2. Alternate Phone Number:

3. Degree Sought During Proposed Award:

Degree:

If "other", please indicate degree type:

Expected Completion Date (month/year):

4. \* Field of Training for Current Proposal:

5. \* Current Or Prior Kirschstein-NRSA Support?  Yes  No

If yes, please identify current and prior Kirschstein-NRSA support below:

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Reset Entry"/>

6. \* Applications for Concurrent Support?  Yes  No

If yes, please describe in an attached file:

7. \* Goals for Fellowship Training and Career

8. \* Activities Planned Under This Award

9. Doctoral Dissertation and Other Research Experience

10. \* Citizenship:

U.S. Citizen or noncitizen national

Permanent Resident of U.S. Pending

Permanent Resident of U.S.

(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)

Non-U.S. Citizen with temporary U.S. visa

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## C. Additional Information (continued)

### Institution

11.  Change of Sponsoring Institution

Name of Former Institution:

## D. Sponsor(s) and Co-Sponsor(s)

\* Sponsor(s) and Co-Sponsor(s) Information

Add Attachment

Delete Attachment

View Attachment

## E. Budget

### All Fellowship Applicants:

1. \* Tuition and Fees:

None Requested

Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (when applicable)

Total Funds Requested:

### Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

Amount

Academic Period

Number of Months

Reset Entry

3. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested:

Amount

Number of Months

b. Supplementation from other sources:

Amount

Number of Months

Type (sabbatical leave, salary, etc.)

Source

## F. Appendix

Add Attachments

Delete Attachments

View Attachments