Kirschstein–NRSA Individual Fellowship Application *(To be completed by applicant – follow PHS 416-1 instructions)*	NAME OF APPLICANT *(Last, first, middle initial)*

18. GOALS FOR KIRSCHSTEIN–NRSA FELLOWSHIP TRAINING AND CAREER

19. ACTIVITIES PLANNED UNDER THIS AWARD: Approximate percentage of proposed award time in activities identified below. *(See instructions.)*

Year	Research	Course Work	Teaching	Clinical
First				
Second				
Third				
PREDOCTORAL FELLOWSHIPS ONLY				
Fourth				
Fifth				
MD/PhD FELLOWSHIPS ONLY				
Sixth				

Briefly explain activities other than research and relate them to the proposed research training.

20. TRAINING SITE(S) Is the Primary Training Site the same as the Sponsoring Institution? ☐ Yes ☐ No

If No, provide detailed information below for the Primary Training Site Location

Organizational Name:

DUNS:

Street 1: Street 2:

City: County: State:

Province: Country: Zip/Postal Code:

Project/Performance Site Congressional Districts:

21. HUMAN EMBRYONIC STEM CELLS ☐ No ☐ Yes

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/eligibilityCriteria.asp. *Use continuation pages as needed.*

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line