Department of Health and Human Services Public Health Service		Review Group	Туре	Activity	Fellowship Number		
Ruth L. Kirschstein National Research Service Award Individual Fellowship Progress Report Follow instructions carefully			Total Project Period				
			From: Through:				
			Requested Budget Period				
			From:	,	Through:		
1. TITLE OF RESEA	RCH TRAINI	NG PROPOSAL	I				
2a. FELLOW (Name	and address,	street, city, state, zip code)	2b. FELLOW'S E-	Mail addf	RESS		
			2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT				
			2d. MAJOR SUBDIVISION				
3a. NAME OF SPON	ISOR		3b. SPONSOR'S E	E-MAIL AD	DRESS		
4. SPONSORING INSTITUTION (Name and address, street, city, state, zip code)			6a. TITLE AND ADDRESS OF OFFICIAL IN SPONSORING INSTITUTION BUSINESS OFFICE				
5. ENTITY IDENTIFI	CATION NO.		6b. E-MAIL ADDRESS:				
7. HUMAN SUBJEC	TS NO	YES	9. TRAINING SITE(S) (Organizations and addresses)				
7a. Research Exempt	If Exempt ("Y	es" in 7a): Exemption No.	Organizational Name:				
NO YES	II NOLEXEMPL (NO III 7a). IRB approval date		DUNS:				
7b. Federalwide Assu	rance No.		Street 1:				
7c. NIH Defined Pha	se III Clinical	Trial NO YES	Street 2:				
8. VERTEBRATE AN	NIMALS	NO YES	City:		County:		
8a. If "Yes," IACUC approval date	9	8b. Animal welfare assurance no.	State:		Province:		
			Country:		Zip/Posta	Il Code:	
10. NAME AND TITL ORGANIZATION (It		AL SIGNING FOR APPLICANT	Congressional Districts:				
NAME			11. FELLOW'S TELEPHONE INFORMATION				
TITLE	TITLE			OFFICE			
TEL FAX			FAX				
E-MAIL			HOME				
12. CORRECTIONS (Items 1 - 6)							
accurate to the best	of my knowled am aware tha	I CERTIFICATION AND ACCEPTAN Ige, and I agree to comply with the P at any false, fictitious, or fraudulent si	Public Health Service	e terms and	I conditions if a	grant is awarded as a	
SIGNATURE OF OF (In ink. "Per" signatur				DATE			
PHS 416-9 (Rev. 06/1	12)					Form Page 1	

Program	Director/Principal	Investigator	(Last.	First,	Middle):
			(,	· ··,	

Use only if additional space is needed to list additional project/performance sites.

Additional Project/Performance Site Location							
Organizational Name:							
DUNS:							
Street 1:			Street 2:				
City:		County:			State:		
Province:	Country:			Zip/Postal	Code:		
Project/Performance Site Congressional Districts:							
Additional Project/Performance Site Location							
Organizational Name:							
DUNS:							
Street 1:			Street 2:				
City:		County:			State:		
Province:	Country:			Zip/Postal	Code:		
Project/Performance Site Congressional Districts:							
Additional Project/Performance Site Loca	ation						
Organizational Name:							
DUNS:							
Street 1:			Street 2:				
City:	<u>.</u>	County:			State:		
Province:	Country:			Zip/Postal	Code:		
Project/Performance Site Congressional Districts:							
Additional Project/Performance Site Loca	ation						
Organizational Name:							
DUNS:							
Street 1:			Street 2:				
City:	_	County:			State:		
Province:	Country:			Zip/Postal	Code:		
Project/Performance Site Congressional Districts:							
Additional Project/Performance Site Location							
Organizational Name:							
DUNS:							
Street 1:			Street 2:				
City:		County:			State:		
Province:	Country:			Zip/Postal	Code:		
Project/Performance Site Congressional Districts:							

Ruth L. Kirschstein National Research Service	FELLOWSHIP NUMBER	
Individual Fellowship Progress F		
Continuation Support		
14a. PERMANENT MAILING ADDRESS OF FELLOW (Street, city, state, zip code)	14b. PERMANENT PHONE	NUMBER
 Human subjects, vertebrate animals, select agents and huma A. Human Subjects (Complete Item 7 on the Face Page) 	n embryonic stem cells (see	e instructions)
Use of Human Subjects Change	No Change Since Previo	us Submission
B. Vertebrate Animals (Complete Item 8 on the Face Page)	No Change Since Dravie	us Cubraiasian
Use of Vertebrate Animals Change C. Select Agents (There is no item required on Face Page for Select	No Change Since Previo	
Use of Select Agents Change	No Change Since Previo	us Submission
.	Ū	
D. Human Embryonic Stem Cells (There is no item required on Face	• •	,
Human Embryonic Stem Cell Line(s) Used Change	No Change Since Previo	bus Submission
WOMEN AND MINORITY INCLUSION IN CLINICAL RESEARCH See SF424 (R&R) Fellowship Application Guide Instructions. Use Inclusion Enrollment Format Page.	on Enrollment Report Format P	age and, if necessary, Targeted/Planned
16. SUMMARY OF ACTIVITIES (Use continuation pages. Do not	exceed 3 pages.)	
 A. CHANGES Since submission of the last application/progress report, have any research project, academic status, or time distribution of activities teaching, etc.)? If so, explain. B. PROGRESS Describe concisely the research performed and research training of during the past year. List all courses and publications. Complete the Inclusion Enrollment Report Format Page and Targe C. RESEARCH TRAINING PLANS Describe concisely the research and research training planned for 	(i.e., percentage of time devote btained, including instruction ir ted/Planned Enrollment Forma	ed to research project, course work, n the responsible conduct of research, t Page, if applicable.

Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title:		
Total Enrollment:	Protocol Number:	
Grant Number:		

PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race				
Ethnic Category	Females	Males	Sex/Gender Unknown or Not Reported	Total
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (individuals not reporting ethnicity)				
Ethnic Category: Total of All Subjects*				*
Racial Categories				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of All Subjects*				*

PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)

Racial Categories	Females	Males	Sex/Gender Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of Hispanics or Latinos**				**

* These totals must agree.

** These totals must agree.

Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

Study Title:

Total Planned Enrollment:

TARGETED/PLANNED ENROLLMENT: Number of Subjects						
Ethnic Category	Females	Males	Total			
Hispanic or Latino						
Not Hispanic or Latino						
Ethnic Category: Total of All Subjects *						
Racial Categories						
American Indian/Alaska Native						
Asian						
Native Hawaiian or Other Pacific Islander						
Black or African American						
White						
Racial Categories: Total of All Subjects *						

* The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

Ruth L. Kirschstein Na Individual Fellows Continu (To be completed by spor	ship Prog ation Sup	ress Report for oport	FELLOWSHIP NUMBER				
17. SUPPLEMENTATION OF STIPEND:	NO YE	S If "yes," specify the amo occurred, and the sourc	ount(s) and dates on which supplementation e of the funds.				
Evaluate the quality of the training (inclu	18. COMMENTS OF SPONSOR (Use additional page, if necessary) Evaluate the quality of the training (including academic work) and research progress made by the fellow during the past year. Include performance on cumulative and qualifying examinations, if applicable.						
APPLICANT ORGANIZATION'S ASSURANC							
In signing the application Face Page, the app the application instructions when applicable.	blicant organization Descriptions of in	on official agrees to comply with the dividual assurances/certifications	e policies, assurances and/or certifications listed in are provided in the PHS 416-9 Instructions under mpliance, where applicable, provide an explanation				

Name of Applicant (Last, First, Middle):