

OMB No. 0925-0361

Form Approved for use through X/X/X

[Click here to see the burden statement](#)

## Assessment of Research Activity

**NIH 2674-7**

LRP Tracking Code:

### Applicant Identifying Information

Applicant's Name:

Organization:

### Section 1 - Concur with Applicant's Research Project Description

**Instructions:** The applicant has provided the statement linked below describing his/her research project. Please review this statement and indicate your concurrence by checking the box below. You may submit a revised file by uploading a new document. Caution: If you upload a new file, that file will replace the document the applicant uploaded. Please note that the length is limited to 20,000 characters or less including spaces (approximately five single-spaced typed pages plus one page for references).

Research Project Title:

Review Statement:

[Click here to view applicant's statement](#)

Principal Investigator/Research Supervisor

I concur with this statement

Concurrence:

I wish to replace the applicant's statement with a new attachment.

Upload New Research Project, if  
necessary:

Attach File:

no file selected

**Instructions:** Click the "Browse" button and locate your file. We accept most file types.

### Section 2 - Description of Applicant's Research Environment

**Instructions:** Use 5,000 characters or less (approximately one typed page) to describe the current research conducted in the branch/laboratory/section/department of the applicant and the availability of appropriate scientific colleagues, institutional research, and facilities. You should also include a brief description of the source of funding for the research the applicant is engaged in as well as your funding sources.

Please attach a file describing the research environment: Attach File: no file selected  
File successfully uploaded. [View it](#)

### Section 3 - Applicant's Research Training/Mentoring/Career Development Plan

**Instructions:** Use 5,000 characters or less (approximately one typed page) to detail the applicant's research training program and mentoring plan. Specify the types of training interactions the applicant will have with you, what training mechanisms will be used, what research methods and scientific techniques will be learned, what journal clubs or groups the applicant will join, and what conferences and seminars the applicant will attend. If another laboratory staff member will be involved in the mentoring program, please provide his/her name and describe his/her degree of involvement. Please include a summary of your prior experience as a mentor of other investigators.

Please attach a file describing the applicant's research training/mentoring/career development plan: Attach File: no file selected  
File successfully uploaded. [View it](#)

If another laboratory staff member will be involved in the mentoring program, please provide his/her Biosketch: Attach File: no file selected  
File successfully uploaded. [View it](#)

[Click here for instructions on completing a Biosketch](#) and for a sample Biosketch in PDF or Rich Text Format (rtf). Do not exceed 5 pages.

### Section 4 - Biosketch of Principal Investigator/Research Supervisor

Please submit your Biosketch: Attach File: no file selected  
File successfully uploaded. [View it](#)

[Click here for instructions on completing a Biosketch](#) and for a sample Biosketch in PDF or Rich Text Format (rtf). Do not exceed 5 pages.

### Section 5 - Principal Investigator/Research Supervisor Assurance

I certify that (1) the statements herein are true, complete, and accurate to the best of my knowledge; (2) I agree to accept responsibility for the scientific conduct of the research project; (3) I certify that the applicant, named in Section 1 of this form, will be provided the necessary time and resources to engage in the named research project if a Loan Repayment contract is awarded and (4) I also agree to provide periodic (usually quarterly) service verifications on behalf of this applicant if a Loan Repayment contract is awarded. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

Public reporting for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-7

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## Assessment of Research Accomplishments

### NIH 2674-14

LRP Tracking Code:

**Instructions:** Please use 5000 characters or less including spaces (approximately one typed page) to provide an assessment of (1) the progress of the applicant's development as an independent clinical or basic science investigator and (2) the institutional value of the applicant's research. In discussing the applicant's research accomplishments, please compare the applicant to others with a similar degree of training.

Please attach  
your assessment:

Attach File:  
no file selected

File successfully uploaded. [View it](#)

**Instructions:** Click the "Browse" button and locate your file. We accept most word processing formats.

Public reporting for this collection of information is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, Attention: PRA 0925-0361. Do not return the completed form to this address.

NIH Form 2674-14

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