

Department of Health and Human Services  
Public Health Service

**Ruth L. Kirschstein National Research Service Award  
Individual Fellowship Activation Notice**

FELLOWSHIP NUMBER

DATE FELLOW ENTERED ON DUTY (Month, day, year)

- All fellows must complete this form for the first year of their fellowship, indicating their start date under the fellowship and other requested information. Fellows training at Federal and foreign institutions who are paid directly by the Public Health Service must complete this form for EACH year of the fellowship. For the latter, use the fellowship number and the entry date for the latest year, and provide mailing addresses.
- Send the signed original of the completed form to the awarding agency using the address provided in the Notice of Award. This should be submitted immediately after the fellow enters on duty. Keep a copy; one will not be returned. This form may be filled out online and then printed for submission to PHS. It also may be downloaded, printed, and completed with a typewriter.
- An appropriate statement regarding degrees (certified by degree-granting institution) MUST be attached if such contingency appears on the award notice.
- For Ruth L. Kirschstein National Research Service Award fellows in their first 12 months of postdoctoral support, a signed payback agreement MUST accompany this form.
- No funds may be disbursed until the fellow enters on duty and the proper forms are submitted to PHS.
- As a condition of this activation, all NRSA fellows agree to complete and submit a Termination Notice (PHS 416-7) immediately upon completion of support.

NIH estimates that it will take 5 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. 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. If you have comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0001). DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS.

NAME OF FELLOW (*Last, first, middle*)

HIGHEST DEGREE(S)

NAME OF SPONSORING INSTITUTION

RETURN TO:

The awarding agency using the address provided on the Notice of Award. Contact the assigned Grants Management Specialist for questions.

**Fellows Sponsored by (training at) Federal or Foreign Institutions\***

FULL ADDRESS WHERE CHECKS SHOULD BE MAILED

RESIDENTIAL ADDRESS (*Street, City, State, Zip Code*)

\* Foreign-sponsored fellows are encouraged to have monthly stipend checks deposited in a financial institution located in the United States because of past delays encountered in foreign mail deliveries. Fellows are responsible for making the financial arrangements of their choosing; include account number, name, and mailing address of the financial institution above. Annual income statements will be mailed to the residential address.

**REQUIRED SIGNATURES**

FELLOW	E-MAIL	PHONE NO.	DATE
SPONSOR	E-MAIL	PHONE NO.	DATE
INSTITUTIONAL BUSINESS OFFICIAL	E-MAIL	PHONE NO.	DATE

**DO NOT WRITE IN THIS BLOCK (For PHS use only)**

AWARD PERIOD From: _____ Through: _____		COMMON ACCOUNTING NO.	SOCIAL SECURITY NO. XXX-XX-
(FOR DIRECT PAY FELLOWS) STIPEND (monthly) \$ _____ Total \$ _____		SPECIAL INSTRUCTIONS	
TRAVEL \$ _____			
OTHER \$ _____			
<b>TOTAL PAYMENT</b> _____ <sup>®</sup> \$ _____			
		PREPARED BY: _____	
		DATE: _____	

**Privacy Act Statement.** 7KH1,+ P DQMLQ/DSSQDFMRQDQGJUDQWIFRUG/DVSDWRIDVWMPRIUFRUG/DVGHQHGELWH  
3UDF \$FW1,+ Extramural Awards and Chartered Advisory Committees (IMPAC 2), Contract Information (DCIS),  
and Cooperative Agreement Information, HHS/NIH <http://oma.od.nih.gov/ms/privacy/pa-files/0036.htm>.