

Public reporting burden for this collection of information is estimated to average 12.5 hours per response, 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, ATTN: PRA (0925-0001). Do not return the completed form to this address.

Expiration Date: XX/XX/2018

**PHS Fellowship Supplemental Form** OMB Number: 0925-0001

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**Introduction**  
 1. Introduction (for Resubmission)

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**Fellowship Applicant Section**  
 2. Applicant's Background and Goals for Fellowship Training

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**Research Training Plan Section**

3. Specific Aims

4. Research Strategy

5. Respective Contributions

6. Selection of Sponsor and Institution

7. Progress Report Publication List (for RENEWAL applications only)

8. Training in the Responsible Conduct of Research

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**Sponsor(s), Collaborator(s), and Consultant(s) Section**

9. Sponsor and Co-Sponsor Statements

10. Letters of Support from Collaborators, Contributors, and Consultants

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**Institutional Environment and Commitment to Training Section**

11. Description of Institutional Environment and Commitment to Training

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**Other Research Training Plan Section**

**Human Subjects**

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

Are Human Subjects Involved?  Yes  No

12. Human Subjects Involvement Indefinite?  Yes  No

13. Clinical Trial?  Yes  No

14. Agency-Defined Phase III Clinical Trial?  Yes  No

15. Protection of Human Subjects

16. Data Safety Monitoring Plan

17. Inclusion of Women and Minorities

18. Inclusion of Children

**Vertebrate Animals**

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

Are Vertebrate Animals Used?  Yes  No

19. Vertebrate Animals Use Indefinite?  Yes  No

20. Are animals euthanized?  Yes  No  
 If "Yes" to euthanasia  
 Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  Yes  No  
 If "No" to AVMA guidelines, describe method and provide a scientific justification

21. Vertebrate Animals

**Other Research Training Plan Information**

22. Select Agent Research

23. Resource Sharing Plan

24. Authentication of Key Biological and/or Chemical Resources

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**Additional Information Section**

25. Human Embryonic Stem Cells  
 \* 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) (Example: 0004 ):

26. Alternate Phone Number

27. Degree Sought During Proposed Award:  
 Degree  If "other", please indicate degree type  Expected Completion Date (MM/YYYY):

28. \*Field of Training for Current Proposal

29. \*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)

30. \*Applications for Concurrent Support?  Yes  No  
 If yes, please describe in an attached file

31. \* Citizenship  
 U.S. Citizen  U.S. Citizen or Non-Citizen National  
 Non-U.S. Citizen  With a Permanent U.S. Resident Visa  With a Temporary U.S. Visa  
 If you are a non-U.S. citizen with a temporary visa who has applied for permanent resident status and expects to hold a permanent resident visa by the earliest possible start date of the award, please also check here.

32.  Change of Sponsoring Institution  Name of Former Institution

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**Budget Section**

*All Fellowship Applicants:*

1. \* Tuition and Fees:  None Requested  Funds Requested

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (if applicable)

Total Funds Requested:

*Senior Fellowship Applicants Only*

2. Present Institutional Base Salary: Amount  Academic Period  Number of Months

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

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**Appendix**