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Expiration Date: XX/XX/2018

PHS Fellowship Supplemental Form OMB Number: 0925-0001

Introduction
 1. Introduction (for Resubmission)

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

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

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

9. Sponsor and Co-Sponsor Statements

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

Institutional Environment and Commitment to Training Section

11. Description of Institutional Environment and Commitment to Training

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

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

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

Appendix