

| | | | | |
|---|--|--------------------|-----------------|------------------|
| Kirschstein-NRSA Individual Fellowship Application <i>(To be completed by applicant – follow PHS 416-1 instructions)</i> | NAME OF APPLICANT <i>(Last, first, middle initial)</i> | | | |
| 18. GOALS FOR KIRSCHSTEIN-NRSA FELLOWSHIP TRAINING AND CAREER | | | | |
| 19. ACTIVITIES PLANNED UNDER THIS AWARD: Approximate percentage of proposed award time in activities identified below. <i>(See instructions.)</i> | | | | |
| Year | Research | Course Work | Teaching | Clinical |
| First | | | | |
| Second | | | | |
| Third | | | | |
| PREDOCTORAL FELLOWSHIPS ONLY | | | | |
| Fourth | | | | |
| Fifth | | | | |
| MD/PhD FELLOWSHIPS ONLY | | | | |
| Sixth | | | | |
| Briefly explain activities other than research and relate them to the proposed research training. | | | | |
| 20. TRAINING SITE(S) Is the Primary Training Site the same as the Sponsoring Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| If No, provide detailed information below for the Primary Training Site Location | | | | |
| Organizational Name: | | | | |
| DUNS: | | | | |
| Street 1: | | | Street 2: | |
| City: | | County: | | State: |
| Province: | | Country: | | Zip/Postal Code: |
| Project/Performance Site Congressional Districts: | | | | |
| 21. HUMAN EMBRYONIC STEM CELLS <input type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 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/eligibilityCriteria.asp . Use continuation pages as needed. | | | | |
| If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used. | | | | |
| Cell Line | | | | |