

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

0892-7974, ATTN: PRA (0925-0001). Do not return the completed form to this address.

PHS Fellowship Supplemental Form

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction		
1. Introduction (RESUBMISSION)	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Fellowship Applicant Section		
2. *Applicant's Background and Goals for Fellowship Training	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Research Training Plan Section		
3. *Specific Aims	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
4. *Research Strategy	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
5. *Respective Contributions	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. *Selection of Sponsor and Institution	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
7. *Progress Report Publication List (RENEWAL)	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
8. *Training in the Responsible Conduct of Research	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Sponsor(s), Collaborator(s), and Consultant(s) Section		
9. Sponsor and Co-Sponsor Statements	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
10. Letters of Support from Collaborators, Contributors, and Consultants	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Institutional Environment and Commitment to Training Section		
11. Description of Institutional Environment and Commitment to Training	<input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

Other Research Training Plan Section

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

12. Are vertebrate 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 scientific justification

13. Vertebrate Animals

Add Attachment

Delete Attachment

View Attachment

Other Research Training Plan Information

14. Select Agent Research

Add Attachment

Delete Attachment

View Attachment

15. Resource Sharing Plan

Add Attachment

Delete Attachment

View Attachment

16. Authentication of Key Biological and/or Chemical Resources

Add Attachment

Delete Attachment

View Attachment

Additional Information Section

17. 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):

18. Alternate Phone number

19. Degree Sought During Proposed Award:

Degree:

If "other", please indicate degree type:

Expected Completion Date (month/year):

Reset Entry

20. * Field of Training for Current Proposal:

21. * 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)

22. *Applications for Concurrent Support Yes No

If yes, please describe in an attached file:

Add Attachment

Delete Attachment

View Attachment

23. * Citizenship:

U.S. Citizen

U.S. Citizen or Non-Citizen National?

Yes No

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 expect to hold a permanent resident visa by the earliest possible start date of the award, please also check here

24. 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 (when 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