



My Grants

OMB No. 0925-0002
Expiration Date: XXXX/2018

Tips and Notes:

- When *ARRA Funded* checkbox is selected, search results will contain Grants and Supplements funded by American Reinvestment and Recovery Act ONLY.
- [List of Activity Codes currently supported in xTrain](#)
- [Stipend Level Links by Fiscal Year](#)
- xTrain FAQs:
 - [Internal Users](#)
 - [External Users](#)

7 items found, displaying all items.

Grant Number	Project Start Date	Project End Date	Program Director	Project Title	Includes ARRA Grant(s)	Action
T32_CA_123456	2002-09-30	2007-07-31	SMITH, JOHN	Mentored Clinical Research		View Trainee Roster View Pending Submissions
T32_CA_321654	2008-05-19	2013-04-30	SMITH, JOHN	Clinical and Translational Science		View Trainee Roster View Pending Submissions

Public reporting burden for this collection of information is estimated vary from 15 to 30 minutes 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 (0925-0002).



Statement of Training Appointment

Project Number:
 Grant/Supplement:
 Appointment Status:
 Project Title:
 Institution:
 PD Name:
 Budget Period:

*indicates required field

Trainee Personal Information

For every research training appointment or re-appointment, trainees should review and update their personal information by using the Personal Profile link at the top of this page. Except for the e-mail address, personal information may only be entered or modified by the trainee.

Last Name, First Name, MI:

Address Line 1:

Address Line 2:

City, State, ZIP:

Country:

Email:

Phone:

Fax:

Degree(s) Earned/In Progress	Completion Date	Major/Minor	Degree Completed?

Name of Specialty Boards (if applicable)

Select Specialty Board Code

Is the Trainee in a dual-degree program (e.g. M.D./Ph.D.)?

No Yes

Prior NRSA Support

If the trainee has previously received support from Kirschstein-NRSA training grant or fellowship, it will be listed in the table below. If the list of prior support is incomplete or incorrect, please go to the Admin tab, Accounts tab, and then click on the 'Verify NIH Support' submenu and follow the instructions for verifying NIH support.

Grant #	ARRA	PI	Appointment Start Date	Appointment End Date	Stipend/Salary Amt	Degree Level	Status
<Grant Number>		<PI Name>	MM/DD/YYYY	MM/DD/YYYY	\$00.00	<Degree>	<Status>
<Grant Number>		<PI Name>	MM/DD/YYYY	MM/DD/YYYY	\$00.00	<Degree>	<Status>
<Grant Number>		<PI Name>	MM/DD/YYYY	MM/DD/YYYY	\$00.00	<Degree>	<Status>

Period of Appointment

* From (MM/DD/YYYY)

* To (MM/DD/YYYY)

months days

Please "Re-calculate" if calendar boxes were used to select dates.

Support for Period of Appointment

Type

Total for this Grant (Omit cents)

* Stipend Level or Salary

Select Stipend Level

* Stipend/Salary/Other Compensation

Tuition/fees (estimated)

Travel

Total

0

Tuition/fees and Travel shall be disabled for NIH awards.

Termination Notice - Ruth L. Kirschstein National Research Service Award

Project Number:
 Termination Status:
 Project Title:
 Institution:
 PD Name:

*indicates required field

Trainee Personal Information

Before a research training appointment or fellowship is terminated, the trainee or fellow should review and update their personal information by using the Personal Profile link at the top of this page. Except for the e-mail address, personal information may only be entered or modified by the trainee or fellow.

Last Name, First Name, MI:
 Address Line 1:
 Address Line 2:
 City, State, ZIP:
 Country:

Email:
 Phone:
 Fax:

Degree(s) Earned/In Progress	Completion Date	Major/Minor	Degree Completed?

Termination Date and Business Official submitting the Termination Notice to NIH

Termination Date: 01/15/2016 *Business Official: Select BO

Total Kirschstein - NRSA Support Under This Award

Support Year	Start Date	End Date	Amount of Stipend/ Salary	Standard Stipend Amount	ARRA	Number of Months	Number of Days	Status
Year #	MM/DD/YYYY	MM/DD/YYYY	\$00.00			##	##	Accepted
Year #	MM/DD/YYYY	MM/DD/YYYY	\$00.00			##	##	Accepted
Year #	MM/DD/YYYY	MM/DD/YYYY	\$00.00			##	##	Accepted
Totals:								

Training Received

Provide a summary of the training, career development, or research education received and the research undertaken during fellowship or appointment period, and describe how it furthered your career. List publications, if any, resulting from the research during this period. List grants and career awards pending and received. If a fellowship or appointment is being terminated early, indicate the reason.

-OR-

Upload PDF File
 No file selected.

Post Award Information

Activity	Organization	Type of Position
<input type="radio"/> Further Education/Training <input type="radio"/> Teaching <input type="radio"/> Research <input type="radio"/> Administration <input type="radio"/> Clinical Practice <input type="radio"/> Unknown <input type="radio"/> Other <input type="text"/>	<input type="radio"/> Academic <input type="radio"/> Industry <input type="radio"/> Government <input type="radio"/> Hospital <input type="radio"/> Non-profit <input type="radio"/> Unknown <input type="radio"/> Other <input type="text"/>	<input type="radio"/> Student <input type="radio"/> Resident/Clinical Fellow <input type="radio"/> Postdoctoral Researcher <input type="radio"/> Research Scientist (non faculty) <input type="radio"/> Faculty: Tenure-Track <input type="radio"/> Faculty: Other <input type="radio"/> Clinical Staff/Private Practice <input type="radio"/> Unknown <input type="radio"/> Other <input type="text"/>

If known, enter position title, organization, and related information

Position Title:
 Name of Organization:
 City:
 State:
 Email:

Post - Award Mailing Address

Street:
 City:
 State:
 ZIP:
 Phone Number:
 Email:

Other Relevant PHS Support

* National Health Service Corps Scholarship: No. of Months
 * Kirschstein - NRSA: No. of Months

If the trainee has previously received support from other Kirschstein-NRSA training grants or fellowships, it will be listed in the table below. If the list of prior support is incomplete or incorrect, please contact the eRA HelpDesk.

Grant Number	From	To	ARRA

Is the trainee currently participating in NIH Loan Repayment Program?
 Yes No