

**** PHS 416-1 IS TO BE USED ONLY FOR A CHANGE OF SPONSORING INSTITUTION APPLICATION ****
COMPETING NEW, RENEWAL OR RESUBMISSION FELLOWSHIP APPLICATIONS MUST USE THE SF424 (R&R)
FELLOWSHIP APPLICATION PACKAGE AND APPLICATION GUIDE FOR ELECTRONIC SUBMISSION VIA
GRANTS.GOV. ANY NEW, RENEWAL OR RESUBMISSION APPLICATION SUBMITTED USING THE PHS 416-1
WILL BE RETURNED AND NOT REVIEWED.

Public reporting burden for this collection of information is estimated to average 10 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 and 0925-0002). Do not send applications to this address.

Form Approved Through 08/31/2015

OMB No. 0925-0001

Department of Health and Human Services Public Health Service Ruth L. Kirschstein National Research Service Award Individual Fellowship Application <i>Follow instructions carefully. Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—For PHS use only.	
		Type	Activity
		Review Group	Number
		Meeting Dates	Formerly
			Date Received
1. TITLE OF RESEARCH TRAINING PROPOSAL (Do not exceed 81 characters, including spaces and punctuation.)			
2. LEVEL OF FELLOWSHIP		3. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," state number and title) Number: Title:	
4a. NAME OF APPLICANT (Last, First, Middle)		4b. ERA COMMONS USER NAME	
		4c. HIGHEST DEGREE(S)	
4d. PRESENT MAILING ADDRESS (Street, City, State, Zip Code)		4e. PERMANENT MAILING ADDRESS (Street, City, State, Zip Code)	
		4f. E-MAIL ADDRESS:	
TELEPHONES AND FAX (Area code, number and extension)			
4g. OFFICE		4h. HOME	
		4i. PERMANENT	
		4j. FAX NUMBER	
4k. <input type="checkbox"/> U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL <input type="checkbox"/> NONCITIZEN WITH A PERMANENT U.S. RESIDENT VISA <input type="checkbox"/> NONCITIZEN WITH 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 at the earliest possible start date, please also check here: <input type="checkbox"/>			
5. TRAINING UNDER PROPOSED AWARD (See Fields of Training)		6. PRIOR AND/OR CURRENT NRSA SUPPORT (Individual or Institutional)	
Discipline No.:	Subcategory Name:	<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to item 22, Form Page 5)	
7a. DATES OF PROPOSED AWARD		7b. PROPOSED AWARD DURATION	
From (MM/DD/YY):	Through (MM/DD/YY):	(in months)	
		8. DEGREE SOUGHT DURING PROPOSED AWARD	
		Degree:	Expected Completion Date:
9. HUMAN SUBJECTS RESEARCH		10. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indefinite		10a. Animal Welfare Assurance No.	
9a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No.			
9b. Federalwide Assurance No.			
9c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes			
9d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes			
11. SPONSORING INSTITUTION		13. OFFICIAL SIGNING FOR SPONSORING INSTITUTION	
Name		Name	
Address		Title	
		Address	
12a. ENTITY IDENTIFICATION NO.		12b. DUNS NO.	
		Tel: Fax:	
		E-Mail:	

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13.
(In ink. "Per" signature not acceptable.)

DATE