

Department of Health and Human Services  
Public Health Service

**Ruth L. Kirschstein National Research Service Award**  
Individual Fellowship Activation Notice

FELLOWSHIP NUMBER:

DATE FELLOW ENTERED ON DUTY (Month, day, year):

1. All fellows must complete this form for the first year of their fellowship, indicating their start date under the fellowship and other requested information.
2. Send the signed original of the completed form to the awarding agency using the address provided in the Notice of Award. This should be submitted immediately after the fellow enters on duty. Keep a copy; one will not be returned. This form must be completed online, printed, and then signed for submission to PHS.
3. An appropriate statement regarding degrees (certified by degree-granting institution) **MUST** be attached if such contingency appears on the award notice.
4. For Ruth L. Kirschstein National Research Service Award fellows in their first 12 months of postdoctoral support, a signed payback agreement **MUST** accompany this form.
5. No funds may be disbursed until the fellow enters on duty and the proper forms are submitted to PHS.
6. As a condition of this activation, all NRSA fellows agree to complete and submit a Termination Notice (PHS 416-7) immediately upon completion of support.

Public reporting burden for this collection of information is estimated to average 5 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 (0925-0001). Do not return the completed for to this address.

**RETURN TO:** The awarding agency, using the contact information provided on the Notice of Award. Contact the assigned Grants Management Specialist for questions.

NAME OF FELLOW (*Last, first, middle*):

HIGHEST DEGREE(S):

NAME OF SPONSORING INSTITUTION:

REQUIRED SIGNATURES	E-MAIL	PHONE NO.	DATE
FELLOW			
INSTITUTIONAL BUSINESS OFFICIAL			

**DO NOT WRITE IN THIS BLOCK (For PHS use only)**

**AWARD PERIOD:** From:                      Through:

**PROCESSED BY/DATE:**

**NOTES:**

**Privacy Act Statement.** The NIH maintains application and grant records as part of a system of records as defined by the Privacy Act: NIH 09-25-0036, *Extramural Awards and Chartered Advisory Committees (IMPAC 2), Contract Information (DCIS), and Cooperative Agreement Information*, HHS/NIH: <http://oma.od.nih.gov/ms/privacy/pa-files/0036.htm>.