



me Admin Institution Profile Personal Profile Status RPPR Internet Assisted Review XTrain Admin Supp eRA Partners

Tips and Notes:

My Grants @

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

- 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:
 - - o Internal Users
 External Users

7 items found, disp	7 items found, displaying all items.								
Grant Number	Project Start Date	Project End Date	Program Director	Project Title	ncludes 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).

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Statement of Training Appointment © Create Service Desk Ticket
Project Number:
Award/Supplement:
Appointment Status:
Project Title:
Institution:
PD Name:
Budget Period:

*indicates required field	o. 0925-0002
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, perso information may only be entered or modified by the trainee.	al
Last Name, First Name, MI:	
Address Line 1: Address Line 2:	
City, State, ZIP: Country:	
* Email: eRATest@mail.nih.gov Phone: Fax:	
Degree(s) Earned/In Progress Completion Date Major/Minor Degree Completed?	
MD 05/1992 / Y	
FAAN 03/2011 / Y	
Name of Specialty Boards (if applicable)	
Select Specialty Board Code Is the Trainee in a dual-degree program (e.g. M.D./Ph.D.)?	
is the framee in a dual-degree program (e.g., witcheller)?	
Education/Career Level	
Select Education/Career Level	
Select Equicality/Career Level Prior NRSA Support	
If the trainee has previously received support from Kirschstein-NRSA training award 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, Acc and then click on the 'Verify NIH Support' submenu and follow the instructions for verifying NIH support.	ounts tab,
Award # ARRA PI Appointment Start Date Date Stipendi/Salary Degree Level Status	
* Field of Research Training or Career Development (for this appointment)	
Choose a specific subfield (e.g., biological chemistry) unless the broader category (e.g., biochemistry) fifs best.	
Select Field of Research Training or Career Development Code	
Period of Appointment	
*From (MM/DD/YYYY)	
*To (MM/DD/YYYY)	
months days Re-calculate 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 0	
Total 0	

Save Cancel

Termination Notice - Ruth L. Kirschstein National Research Service Award Project Number: Termination Status: Project Title: Institution: PD Name:

*indicates required	l field								
				Trainee Person	nal Information				
Before a research tra	aining appointment	or fellowship is terr	ninated, the trainee of			nal information	by using the	Personal Profile lin	k at the top of this page. Exc
				y the trainee or fellow.			, ,		
Last Name, First N	lame, MI:								
Address Line 1:									
Address Line 2: City, State, ZIP:									
Country:									
Email: Phone:									
Fax:									
		0 14 0							
Degree(s) Earned/I	In Progress	Completion Date	Major/Minor	Degree Completed?					
			Termination Da	te and Business Official	submitting the Termi	ation Notice to	NIH		
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01/15/2016 Modify	/ Termination Date		Select BC						
			T	otal Kirschstein - NRSA S	Support Under This A	vard			
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Support Year	Start Date	End Date	Salary	Amount	ARRA	Months	Days	Status	
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Year#	MM/DD/YYYY	MM/DD/YYYY	\$00.00			##	##	Accepted	J
		Totals							
				Training F					
Provide a summary of	of the training, car	eer development, or	research education	received and the research	ch undertaken during	fellowship or a	ppointment p	eriod, and describe	how it furthered your career.
ublications, if any, r	resulting from the	research during this	period. List grants a	nd career awards pendin	ig and received. If a	ellowship or ap	pointment is	being terminated ea	rly, indicate the reason.
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