

**\*\* 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<br>Public Health Service<br><b>Ruth L. Kirschstein National Research Service Award<br/>         Individual Fellowship Application</b><br><i>Follow instructions carefully.<br/>         Do not exceed character length restrictions indicated.</i> |  | <b>LEAVE BLANK—For PHS use only.</b>   |          |
|  |  | Type   | Activity |
|  |  | Number   |          |
|  |  | 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<br><i>(If "Yes," state number and title)</i><br>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<br><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.  |          |
| 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  |  |  |          |
| 9a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes   |  |  |          |
| If "Yes," Exemption No. _____  |  |  |          |
| 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