

<b>Kirschstein-NRSA Individual Fellowship Application</b> <i>(To be completed by applicant – follow PHS 416-1 instructions)</i>	NAME OF APPLICANT <i>(Last, first, middle initial)</i>																																													
18. GOALS FOR KIRSCHSTEIN-NRSA FELLOWSHIP TRAINING AND CAREER																																														
19. ACTIVITIES PLANNED UNDER THIS AWARD: Approximate percentage of proposed award time in activities identified below. <i>(See instructions.)</i>																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Year</th> <th style="width:25%;">Research</th> <th style="width:25%;">Course Work</th> <th style="width:20%;">Teaching</th> <th style="width:20%;">Clinical</th> </tr> </thead> <tbody> <tr> <td>First</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Second</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Third</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align:center; background-color: black; color: white;"><b>PREDOCTORAL FELLOWSHIPS ONLY</b></td> </tr> <tr> <td>Fourth</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fifth</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5" style="text-align:center; background-color: black; color: white;"><b>MD/PhD FELLOWSHIPS ONLY</b></td> </tr> <tr> <td>Sixth</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Year	Research	Course Work	Teaching	Clinical	First					Second					Third					<b>PREDOCTORAL FELLOWSHIPS ONLY</b>					Fourth					Fifth					<b>MD/PhD FELLOWSHIPS ONLY</b>					Sixth					
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Briefly explain activities other than research and relate them to the proposed research training.																																														
20. TRAINING SITE(S) Is the Primary Training Site the same as the Sponsoring Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, provide detailed information below for the Primary Training Site Location																																														
Organizational Name:																																														
DUNS:																																														
Street 1: _____ Street 2: _____																																														
City: _____ County: _____ State: _____																																														
Province: _____ Country: _____ Zip/Postal Code: _____																																														
Project/Performance Site Congressional Districts:																																														
21. HUMAN EMBRYONIC STEM CELLS <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list:</b> <a href="http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp">http://stemcells.nih.gov/research/registry/eligibilityCriteria.asp</a> . Use continuation pages as needed. If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.																																														
Cell Line																																														