

PHS 398 Fellowship Supplemental Form

[View Burden Statement](#)

OMB Number: 0925-001
Expiration Date: 03/31/2020

Introduction

1. Introduction to Application
(for Resubmission applications)

Add Attachment

Delete Attachment

View Attachment

Fellowship Applicant Section

2. * Applicant's Background and
Goals for Fellowship Training

Add Attachment

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Research Training Plan Section

3. * Specific Aims

Add Attachment

Delete Attachment

View Attachment

4. * Research Strategy

Add Attachment

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View Attachment

5. * Respective Contributions

Add Attachment

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View Attachment

6. * Selection of Sponsor and Institution

Add Attachment

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View Attachment

7. Progress Report Publication List
(for Renewal applications)

Add Attachment

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View Attachment

8. * Training in the Responsible
Conduct of Research

Add Attachment

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Sponsor(s), Collaborator(s) and Consultant(s) Section

9. Sponsor and Co-Sponsor Statements

Add Attachment

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10. Letters of Support from Collaborators,
Contributors, and Consultants

Add Attachment

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Institutional Environment and Commitment to Training Section

11. Description of Institutional Environment
and Commitment to Training

Add Attachment

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View Attachment

12. Description of Candidate's Contribution
to Program Goals

Add Attachment

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Other Research Plan Section

Vertebrate Animals

The following item is taken from the Research and Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research and Related Other Project Information form.

Are Vertebrate Animals used ? Yes No

13. Are Vertebrate animals euthanized ? Yes No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical
Association (AVMA) guidelines? Yes No

14. Vertebrate Animals

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Other Research Training Plan Section

15. Select Agent Research

Add Attachment

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View Attachment

16. Resource Sharing Plan

Add Attachment

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View Attachment

17. Authentication of Key Biological and/or

Add Attachment

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Additional Informations Section

18. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells Yes No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list <http://stemcells.nih.gov/research/registry/>. Or if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

 Specific stem cell line cannot be referenced at this time. One from the registry will be used.
Cell Line(s):

19. Alternate Phone number

20. Degree Sought During Post Award:

Degree:	If "other", indicate degree type:	Expected Completion Date (MM/YYYY):	<input type="button" value="Reset Entry"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	

21. * Field of Training for Current Proposal:

22. * Current or Prior Kirschstein-NRSA Support? Yes No

If yes, identify current and Prior Kirschstein-NRSA support below:

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)	<input type="button" value="Reset Entry"/>
<input checked="" type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

23. * Applications for Concurrent Support Yes No

If yes, described in an attached file:

24. * Citizenship:

U.S. Citizen U.S. Citizen or Non-Citizen National? Yes No

Non- U.S. Citizen With a Permanent U.S. Resident Visa

 With a Temporary U.S. Visa

If you are a non-U.S. citizen with a temporary visa applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here

25. Change of Sponsoring Institution

Name of Former Institution

Budget Section

All Fellowship Applicants:

26. * Tuition and Fees: None Requested Funds Requested

Year 1	<input type="text"/>
Year 2	<input type="text"/>
Year 3	<input type="text"/>
Year 4	<input type="text"/>
Year 5	<input type="text"/>
Year 6 (<i>when applicable</i>)	<input type="text"/>
Total Funds Requested:	<input type="text"/>

Senior Fellowship Applicants only:

27. Present Institutional Base Salary: Amount Academic Period Number of Months [Reset Entry](#)

28. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested: Amount Number of Months

b. Supplementation from Other Sources: Amount Number of Months

Type (e.g., sabbatical leave, salary)

Source

Appendix

29. Appendix

[Add Attachment](#)

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