

Statement of Training Appointment [Create Service Desk Ticket](#)

Project Number:
 Award/Supplement:
 Appointment Status:
 Project Title:
 Institution:
 PD Name:
 Budget Period:

PHS 2271 Form Approved OMB No. 0925-0002

*Indicates required field

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, personal information may only be entered or modified by the trainee.

Last Name, First Name, MI:

Address Line 1:

Address Line 2:

City, State, ZIP:

Country:

* Email:

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.)?

No Yes

Education/Career Level

Select Education/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, Accounts tab, and then click on the 'Verify NIH Support' submenu and follow the instructions for verifying NIH support.

Award #	ARRA	PI	Appointment Start Date	Appointment End Date	Stipend/Salary Amt	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) fits best.

Select Field of Research Training or Career Development Code

Period of Appointment

* From (MM/DD/YYYY)

* To (MM/DD/YYYY)

months days

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

Total