Attachment 1 – Form – Application for International Research Fellowship Award Program

NIH National Institute on Drug Abuse

INVEST

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IMPORTANT:
Write this Passkey Number on a piece of paper immediately and keep it in a safe location. You will need this Passkey Number to access your application to make changes.

OMB #0925-0733
Expiration date 07/31/2022

NIDA International Program INVEST Postdoctoral Research Fellowships

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(Must be completed in English)

Fellowship Information
Application Type (Select One) *   Select

Applicant Information
First/ Given Name of Applicant *   Last/family Name of Applicant *   Advanced Degree(s) *

Applicant Year of Birth (yyyy) *   Country of Citizenship (list both if dual citizen) *
Select a Country
Select a Country

Phone(xxx-xxx-xxxx) *   Primary E-mail *   Alternative E-mail

Position Title *   Name of Applicant's Institution *   Department, Service, Laboratory, or Equivalent *

Institution Mailing Address *   Permanent Home Address *

Applicant's References
Colleague/Supervisor : 1 *   Name * (First/Given Name and Last/Family Name)   Email *

Colleague/Supervisor : 2 *   Name * (First/Given Name and Last/Family Name)   Email *

Mentor Information
Name of Mentor * (First/Given Name and Last/Family Name)   Name of Mentor's Institution *

Institution Mailing Address *   Phone(xxx-xxx-xxxx) *

Mentor's Primary E-mail Address *

Applicant's Personal History
Education- Please list all post-secondary institutions you attended, beginning with the most recent.

Name and Location of Institution	Title(s) of Theses/Dissertations.	Name of Diploma or Degree	Dates Attended (MM/YYYY) From/ To
1 *	*	Major Field(s) of Study * / Diploma or Degree *	* / *
2.		Major Field(s) of Study / Diploma or Degree	/
3.		Major Field(s) of Study / Diploma or Degree	/
4.		Major Field(s) of Study / Diploma or Degree	/

Additional Training (include NIH-sponsored activities or funding).

	Activity	Field	Institution	From-To(MM/YYYY)
1.				/
2.				/
3.				/
4.				/

Current Employment

Name and Address of Current Employer*	Job Title *	Employed From - To (MM/YYYY)	Please describe your current job responsibilities. *
		/	

Previous Employments

	Previous Employer(s)	Job Title(s)	Employment From-To (MM/YYYY)
1.			/
2.			/
3.			/
4.			/

List your peer-reviewed publications (Recent 10).

List your significant honors, awards, projects, or other accomplishments.

Applicant's Research Proposal

Fellowship Goals - Please provide a summary of your goals for the fellowship (Limit to 500 characters). *

Research Proposal Abstract - Please limit your abstract to 2000 characters. *

Explain the research opportunities the institution and mentor offer that are not currently available in your home country.
Describe key factors in your selection of your mentor. *

Applicant's Full Research Plan
Applicants must submit a full research plan. Your plan may not exceed three pages not including literature citations. Your plan should include:

(1) Specific aims
(2) Background and significance
(3) Research design and methods
(4) A statement of assurance that research presented in this application will be conducted in compliance with NIH regulations on the conduct of research.
(5) Literature citations (Each citation must include the authors' names, book or journal title, volume number, page numbers, and year of publication).

Important Note: If you make any changes to your mentor statement and need to upload a new version, you must use a different name for the revised file. For example, if the file name for your first mentor statement document was SamSmithMentorStatement, the file name for your revised document should be SamSmithMentorStatement2.

Upload your research plan: Only PDF or MS Word Formats are accepted.
[Choose File] No file chosen

Applicant Certification and Acceptance

Applicant Certification and Acceptance

☐ By checking the box,I, _____ , declare that I have read and understand the U.S.Federal regulations on the conduct of research supported by the National Institutes of Health (NIH). I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the terms and conditions if a fellowship is awarded 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.

An incomplete certification and acceptance section, will disqualify your fellowship application.

[Save]   [Submit]

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