

Attachment 2 - Form - Mentor Application Information

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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:
87dfd7a-6194-4d1a-8800-629f1db867bc
OMB #0925-0733
Expiration date 07/31/2022

NIDA International Program INVEST Postdoctoral Research Fellowships

Public reporting burden for this collection of information is estimated to average 20 minutes 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 20902-7974, ATTN: PRA (0925-0733). Do not return the completed form to this address.

(Must be completed in English)

Applicant First/Given Name *
Applicant Last/Family Name *
Applicant Email *
Mentor First/Given Name *
Mentor Last/Family Name *

Name of Mentor's Institution* Position and title*
Department, Service, Laboratory or Equivalent* Office Phone(XXX-XXX-XXXX)*

Office Mailing Address* Email Address(Primary) * Email Address(Secondary)

| Education | | | |
|--------------------------|----------------------|-------------------------------------|----------------------|
| Institution and Location | Degree | Degree Completed(MM/YYYY) format | Field of Study |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

List upto 10 of your significant publication, honors, awards, or other accomplishments, including current membership on a Federal Government public advisory committee.

In addition to the applicant, how many pre-doctor and post-doctoral fellows/trainees will be supervised during the fellowship period?

How many pre and post doctoral fellow have you trained?

List up to five of the most recent pre and post doctoral fellows that you have trained (eg: Name / Current Employer / Position Title)

Mentor's statement:

Mentors must submit a statement not to exceed three pages. Only PDF or MS Word formats are accepted. Your statement should include:

- 1) Describe the Research Plan for the applicant. Include such items as seminars and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewers evaluate the applicant and the proposed research project. Indicate the relationship of the proposed research to the applicant's career. Describe the skills and techniques that the applicant will learn and relate these to the applicant's career goals.
- 2) Describe the applicant's qualifications and potential for a research career.
- 3) Please assess the feasibility of the Research Plan with respect to current NIH regulations on the conduct of research.
- 4) Please describe the applicant's understanding of the U.S. Federal guidelines regarding the conduct of research, and how you will ensure that the applicant complies with all NIH and institutional requirements.

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 mentor statement. Only PDF or MS Word formats are accepted.

Choose File No file chosen

Mentor 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

This statement is provided pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a). The information requested in the applicant and mentor application forms as part of the International Research Fellowship Award Program is authorized to be collected pursuant to 42 USC 285, Chapter 6A, Subchapter III, Subpart 15 13203 Sections 405(b) (1) (C) of the PHS Act and 42 U.S.C. Sections 284 (b) (1) (C) and 285-287 Sections 405 (b) (1) (C) of the PHS Act and 42 U.S.C. Sections 284 (b) (1) (C) and 285-287, Public Health and Welfare; Authorization of the National Institute on Drug Abuse the public health Service (PHS) Act (i.e. National Research Service Awards). Providing the requested information is voluntary; however, declining to provide any or all requested information may result in the denial of your application for the International Research Fellowship Award Program postdoctoral fellowship. The principal purpose for which the information will be used is to determine applicant and mentor eligibility for the International Research Fellowship Award Program postdoctoral fellowship. The information you provide will be included in a Privacy Act system of records and will be used and may be disclosed for the purposes and routine uses described and published in the following System of Records Notice (SORN): 09-25-0036 Extramural Awards and Chartered Advisory Committees (MPAC 2), Contact Information (DCIS), and Cooperative Agreement Information, HHS/NIH <https://www.hhs.gov/foia/privacy/sorns/nih-sorns.html>.