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| Kirschstein−NRSA Individual Fellowship Application(To be completed by applicant – follow PHS 416-1 instructions) | NAME OF APPLICANT *(Last, first, middle initial)*      |
| 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. *(See instructions.)* |
|  | **Year** | **Research** | **Course Work** | **Teaching** | **Clinical** |
|  | First |       |       |       |       |
|  | Second |       |       |       |       |
|  | Third |       |       |       |       |
| PREDOCTORAL FELLOWSHIPS ONLY |
|  | Fourth |       |       |       |       |
|  | Fifth |       |       |       |       |
| MD/PhD FELLOWSHIPS ONLY |
|  | Sixth |       |       |       |       |
| 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?  | [ ]  Yes | [ ]  No |
| If No, provide detailed information below for the Primary Training Site Location |
| Organizational Name: |       |
| UEI: |       |
| Street 1: |       | Street 2: |       |
| City: |       | County: |       | State: |       |
| Province: |       | Country: |       | Zip/Postal Code: |       |
| Project/Performance Site Congressional Districts: |       |
| 21. HUMAN EMBRYONIC STEM CELLS | [ ]  No | [ ]  Yes |
| **If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list:** <https://grants.nih.gov/stem_cells/registry/current.htm>. *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 |
|       |
|       |

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