**\*\* PHS 416-1 IS TO BE USED *ONLY*** **FOR A CHANGE OF SPONSORING INSTITUTION APPLICATION \*\***

**COMPETING NEW, RENEWAL OR RESUBMISSION FELLOWSHIP APPLICATIONS MUST USE THE SF424 (R&R) FELLOWSHIP APPLICATION PACKAGE AND APPLICATION GUIDE FOR ELECTRONIC SUBMISSION VIA GRANTS.GOV.  ANY NEW, RENEWAL OR RESUBMISSION APPLICATION SUBMITTED USING THE PHS 416-1 WILL BE RETURNED AND NOT REVIEWED.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Form Approved Through 02/28/2023 OMB No. 0925-0001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department of Health and Human Services  Public Health Service  Ruth L. Kirschstein National Research Service Award Individual Fellowship Application *Follow instructions carefully.*  *Do not exceed character length restrictions indicated.* | | | | | | | | | | | | | | | | | | | **LEAVE BLANK—For PHS use only.** | | | | | | | | | | | | | | | | | |
| Type | | | | Activity | | | | Number | | | | | | | | | |
| Review Group | | | | | | | | Formerly | | | | | | | | | |
| Meeting Dates | | | | | | | | Date Received | | | | | | | | | |
| 1. TITLE OF RESEARCH TRAINING PROPOSAL (Do not exceed 81 characters, including spaces and punctuation.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. LEVEL OF FELLOWSHIP | | | | | | 3. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT  *(If “Yes,” state number and title)* | | | | | | | | | | | | | | | | | | | | | | | | | | NO  YES | | | | |
|  | | | | | | Number: | |  | | | | | Title: |  | | | | | | | | | | | | | | | | | | | | | | |
| 4a. NAME OF APPLICANT (Last, First, Middle) | | | | | | | | | | | | 4b. ERA COMMONS USER NAME | | | | | | | | | | | | | | | | | | 4c. HIGHEST DEGREE(S) | | | | | | |
|  | | | |  |  | |
| 4d. PRESENT MAILING ADDRESS *(Street, City, State, Zip Code)* | | | | | | | | | | | | | | | | | | 4e. PERMANENT MAILING ADDRESS *(Street, City, State, Zip Code)* | | | | | | | | | | | | | | | | | | |
| 4f. E-MAIL ADDRESS: | | | | | |  | | | | | | | | | | | | |
| TELEPHONES AND FAX *(Area code, number and extension)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4g. OFFICE | | | | | | | 4h. HOME | | | | | | | | 4i. PERMANENT | | | | | | | | | | 4j. FAX NUMBER | | | | | | | | | | |
| 4k. | | | U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL | | | | | | | | | | | |  | | NON-U.S. CITIZEN NOT RESIDING IN THE U.S. | | | | | | | | | | | | | | | | | | | |
|  | | | NON-U.S. CITIZEN WITH A PERMANENT U.S. RESIDENT VISA | | | | | | | | | | | |  | | NON-U.S. CITIZEN WITH TEMPORARY U.S. VISA | | | | | | | | | | | | | | | | | | | |
| 5. TRAINING UNDER PROPOSED AWARD (See Fields of Training) | | | | | | | | | | | | | | | | | | | | | 6. PRIOR AND/OR CURRENT NRSA SUPPORT  *(Individual or Institutional)*  NO  YES *(If “Yes,” refer to item 22, Form Page 5)* | | | | | | | | | | | | | | | |
|  | Field of Training Code: | | | | | | | | | | | | | | | | | | | |
| 7a. DATES OF PROPOSED AWARD | | | | | | | | | 7b. PROPOSED AWARD DURATION | | | | | | | | | | | | | 8. DEGREE SOUGHT DURING PROPOSED AWARD | | | | | | | | | | | | | | |
| From *(MM/DD/YY)*: | | | | Through *(MM/DD/YY)*: | | | | | *(in months)* | | | | | | | | | | | | | Degree: | | | | | | | Expected Completion Date: | | | | | | | |
| 9. HUMAN SUBJECTS  RESEARCH  No  Yes  Indefinite | | | | | 9b. Federalwide Assurance No. | | | | | | | | | | | 10. VERTEBRATE ANIMALS | | | | | | | | | | No  Yes | | | | | | | | | | |
| 9c. Clinical Trial  No  Yes | | | | | 9d. NIH-defined Phase III  Clinical Trial  No  Yes | | | | | | 10a. Animal Welfare Assurance No. | | | | | | | | | | | | | | | | | | | | |
| 9a. Research Exempt  No  Yes  If “Yes,” Exemption No. | | | | | | | | | | | | | | | |
| 11. SPONSORING INSTITUTION | | | | | | | | | | | | | | | | 13. OFFICIAL SIGNING FOR SPONSORING INSTITUTION | | | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | Name | | | |  | | | | | | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | | | | Title | | | |  | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | |
| 12a. ENTITY IDENTIFICATION NO. | | | | | | | | | | | 12b. UEI. | | | | | Tel: | | | |  | | | | | | | | Fax: | | |  | | | | | |
|  | | | | | | | | | | |  | | | | | E-Mail: | | | |  | | | | | | | | | | | | | | | | |
| 14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE OF OFFICIAL NAMED IN 13.  (In ink. “Per” signature not acceptable.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DATE | | | |

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