

**** 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.

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 <i>Follow instructions carefully.</i> <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—For PHS use only.	
		Type	Activity
		Review Group	Number
		Meeting Dates	Formerly
			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 <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," state number and title) 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. <input type="checkbox"/> U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL		FO <input type="checkbox"/> NON-U.S. CITIZEN NOT RESIDING IN THE U.S.	
<input type="checkbox"/> NON-U.S. CITIZEN WITH A PERMANENT U.S. RESIDENT VISA		<input type="checkbox"/> 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)	
Field of Training Code: _____		<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to item 22, Form Page 5)	
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	9b. Federalwide Assurance No.	10. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indefinite	9c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	10a. Animal Welfare Assurance No.	
	9d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes		
9a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> 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: _____
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