

<p style="text-align: center;">Kirschstein-NRSA Individual Fellowship Application <i>(To be completed by applicant – follow PHS 416-1 instructions)</i></p>	<p>NAME OF APPLICANT <i>(Last, first, middle initial)</i></p>																																													
<p>18. GOALS FOR KIRSCHSTEIN-NRSA FELLOWSHIP TRAINING AND CAREER</p>																																														
<p>19. ACTIVITIES PLANNED UNDER THIS AWARD: Approximate percentage of proposed award time in activities identified below. <i>(See instructions.)</i></p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;">Year</th> <th style="width: 20%;">Research</th> <th style="width: 20%;">Course Work</th> <th style="width: 20%;">Teaching</th> <th style="width: 20%;">Clinical</th> </tr> </thead> <tbody> <tr> <td>First</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Second</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Third</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: black; color: white;"> <td colspan="5">PREDOCTORAL FELLOWSHIPS ONLY</td> </tr> <tr> <td>Fourth</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fifth</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr style="background-color: black; color: white;"> <td colspan="5">MD/PhD FELLOWSHIPS ONLY</td> </tr> <tr> <td>Sixth</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Year	Research	Course Work	Teaching	Clinical	First					Second					Third					PREDOCTORAL FELLOWSHIPS ONLY					Fourth					Fifth					MD/PhD FELLOWSHIPS ONLY					Sixth				
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<p>Briefly explain activities other than research and relate them to the proposed research training.</p>																																														
<p>20. TRAINING SITE(S) Is the Primary Training Site the same as the Sponsoring Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, provide detailed information below for the Primary Training Site Location</p>																																														
<p>Organizational Name:</p>																																														
<p>UEI:</p>																																														
<p>Street 1: Street 2:</p>																																														
<p>City: County: State:</p>																																														
<p>Province: Country: Zip/Postal Code:</p>																																														
<p>Project/Performance Site Congressional Districts:</p>																																														
<p>21. HUMAN EMBRYONIC STEM CELLS <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>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.</p> <p>If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.</p>																																														
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