



## My Grants ?

OMB No. 0925-0002  
Expiration Date: XXXX/2018

### Tips and Notes:

- When *ARRA Funded* checkbox is selected, search results will contain Grants and Supplements funded by American Reinvestment and Recovery Act ONLY.
- [List of Activity Codes currently supported in xTrain](#)
- [Stipend Level Links by Fiscal Year](#)
- xTrain FAQs:
  - [Internal Users](#)
  - [External Users](#)

7 items found, displaying all items.

| Grant Number                  | Project Start Date | Project End Date | Program Director | Project Title                      | Includes ARRA Grant(s) | Action  |
|-------------------------------|--------------------|------------------|------------------|------------------------------------|------------------------|---|
| <a href="#">T32_CA_123456</a> | 2002-09-30         | 2007-07-31       | SMITH, JOHN      | Mentored Clinical Research         |                        | <a href="#">View Trainee Roster</a><br><a href="#">View Pending Submissions</a> |
| <a href="#">T32_CA_321654</a> | 2008-05-19         | 2013-04-30       | SMITH, JOHN      | Clinical and Translational Science |                        | <a href="#">View Trainee Roster</a><br><a href="#">View Pending Submissions</a> |

Public reporting burden for this collection of information is estimated vary from 15 to 30 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 20892-7974, ATTN: PRA (0925-0002).



## Statement of Training Appointment

Project Number:  
 Grant/Supplement:  
 Appointment Status:  
 Project Title:  
 Institution:  
 PD Name:  
 Budget Period:

\*indicates required field

### Trainee Personal Information

For every research training appointment or re-appointment, trainees should review and update their personal information by using the Personal Profile link at the top of this page. Except for the e-mail address, personal information may only be entered or modified by the trainee.

Last Name, First Name, MI:

Address Line 1:

Address Line 2:

City, State, ZIP:

Country:

Email:

Phone:

Fax:

| Degree(s) Earned/In Progress | Completion Date | Major/Minor | Degree Completed? |
|------------------------------|-----------------|-------------|-------------------|
|                              |                 |             |                   |
|                              |                 |             |                   |

### Name of Specialty Boards (if applicable)

Select Specialty Board Code

Is the Trainee in a dual-degree program (e.g. M.D./Ph.D.)?

No  Yes

### Prior NRSA Support

If the trainee has previously received support from Kirschstein-NRSA training grant or fellowship, it will be listed in the table below. If the list of prior support is incomplete or incorrect, please go to the Admin tab, Accounts tab, and then click on the 'Verify NIH Support' submenu and follow the instructions for verifying NIH support.

| Grant #        | ARRA | PI        | Appointment Start Date | Appointment End Date | Stipend/Salary Amt | Degree Level | Status   |
|----------------|------|-----------|------------------------|----------------------|--------------------|--------------|----------|
| <Grant Number> |      | <PI Name> | MM/DD/YYYY             | MM/DD/YYYY           | \$00.00            | <Degree>     | <Status> |
| <Grant Number> |      | <PI Name> | MM/DD/YYYY             | MM/DD/YYYY           | \$00.00            | <Degree>     | <Status> |
| <Grant Number> |      | <PI Name> | MM/DD/YYYY             | MM/DD/YYYY           | \$00.00            | <Degree>     | <Status> |

### Period of Appointment

\* From (MM/DD/YYYY)

\* To (MM/DD/YYYY)

months  days

Re-calculate

Please "Re-calculate" if calendar boxes were used to select dates.

### Support for Period of Appointment

Type

Total for this Grant (Omit cents)

\* Stipend Level or Salary

Select Stipend Level

\* Stipend/Salary/Other Compensation

Tuition/fees (estimated)

Travel

Total

0

Tuition/fees and Travel shall be disabled for NIH awards.

Save Cancel

## Termination Notice - Ruth L. Kirschstein National Research Service Award

Project Number:  
 Termination Status:  
 Project Title:  
 Institution:  
 PD Name:

\*indicates required field

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**Trainee Personal Information**

Before a research training appointment or fellowship is terminated, the trainee or fellow should review and update their personal information by using the Personal Profile link at the top of this page. Except for the e-mail address, personal information may only be entered or modified by the trainee or fellow.

**Last Name, First Name, MI:**  
 Address Line 1:  
 Address Line 2:  
 City, State, ZIP:  
 Country:

Email:  
 Phone:  
 Fax:

| Degree(s) Earned/In Progress | Completion Date | Major/Minor | Degree Completed? |
|------------------------------|-----------------|-------------|-------------------|
|                              |                 |             |                   |
|                              |                 |             |                   |

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**Termination Date and Business Official submitting the Termination Notice to NIH**

Termination Date:   \*Business Official:

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**Total Kirschstein - NRSA Support Under This Award**

| Support Year   | Start Date | End Date   | Amount of Stipend/ Salary | Standard Stipend Amount | ARRA | Number of Months | Number of Days | Status   |
|----------------|------------|------------|---------------------------|-------------------------|------|------------------|----------------|----------|
| Year #         | MM/DD/YYYY | MM/DD/YYYY | \$00.00                   |                         |      | ##               | ##             | Accepted |
| Year #         | MM/DD/YYYY | MM/DD/YYYY | \$00.00                   |                         |      | ##               | ##             | Accepted |
| Year #         | MM/DD/YYYY | MM/DD/YYYY | \$00.00                   |                         |      | ##               | ##             | Accepted |
| <b>Totals:</b> |            |            |                           |                         |      |                  |                |          |

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**Training Received**

Provide a summary of the training, career development, or research education received and the research undertaken during fellowship or appointment period, and describe how it furthered your career. List publications, if any, resulting from the research during this period. List grants and career awards pending and received. If a fellowship or appointment is being terminated early, indicate the reason.

**-OR-**

Upload PDF File  
 No file selected.

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**Post Award Information**

| Activity   | Organization  | Type of Position  |
|--|---|---|
| <input type="radio"/> Further Education/Training<br><input type="radio"/> Teaching<br><input type="radio"/> Research<br><input type="radio"/> Administration<br><input type="radio"/> Clinical Practice<br><input type="radio"/> Unknown<br><input type="radio"/> Other <input type="text"/> | <input type="radio"/> Academic<br><input type="radio"/> Industry<br><input type="radio"/> Government<br><input type="radio"/> Hospital<br><input type="radio"/> Non-profit<br><input type="radio"/> Unknown<br><input type="radio"/> Other <input type="text"/> | <input type="radio"/> Student<br><input type="radio"/> Resident/Clinical Fellow<br><input type="radio"/> Postdoctoral Researcher<br><input type="radio"/> Research Scientist (non faculty)<br><input type="radio"/> Faculty: Tenure-Track<br><input type="radio"/> Faculty: Other<br><input type="radio"/> Clinical Staff/Private Practice<br><input type="radio"/> Unknown<br><input type="radio"/> Other <input type="text"/> |

If known, enter position title, organization, and related information

Position Title:

Name of Organization:

City:

State:

Email:

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**Post - Award Mailing Address**

Street:

City:

State:

ZIP:

Phone Number:

Email:

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**Other Relevant PHS Support**

\* National Health Service Corps Scholarship: No. of Months

\* Kirschstein - NRSA: No. of Months

If the trainee has previously received support from other Kirschstein-NRSA training grants or fellowships, it will be listed in the table below. If the list of prior support is incomplete or incorrect, please contact the eRA HelpDesk.

| Grant Number | From | To | ARRA |
|--------------|------|----|------|
|              |      |    |      |

Is the trainee currently participating in NIH Loan Repayment Program?  
 Yes  No