

**** 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 01/31/2026

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	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 <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," state number and title)</i> Number: _____ Title: _____			
4a. NAME OF PD/PI/CANDIDATE (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 <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) Field of Training Code:			6. PRIOR AND/OR CURRENT NRSA SUPPORT <i>(Individual or Institutional)</i> <input type="checkbox"/> NO <input type="checkbox"/> YES <i>(If "Yes," refer to item 22, Form Page 5)</i>	
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: _____
9. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indefinite		9b. Federalwide Assurance No.		10. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes
9a. Research Exempt <input type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," Exemption No. _____		9c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	9d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	10a. Animal Welfare Assurance No. _____
11. SPONSORING INSTITUTION Name Address			13. OFFICIAL SIGNING FOR SPONSORING INSTITUTION Name 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