

PHS Fellowship Supplemental Form

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction

1. Introduction
(RESUBMISSION)

Fellowship Applicant Section

2. * Applicant's Background and Goals
for Fellowship Training

Research Training Plan Section

3. * Specific Aims

4. * Research Strategy

5. * Respective Contributions

6. * Selection of Sponsor and Institution

7. Progress Report Publication List
(RENEWAL)

8. * Training in the Responsible Conduct of
Research

Sponsor(s), Collaborator(s), and Consultant(s) Section

9. Sponsor and Co-Sponsor Statements

10. Letters of Support from Collaborators,
Contributors, and Consultants

Institutional Environment and Commitment to Training Section

11. Description of Institutional Environment
and Commitment to Training

Other Research Training Plan Section

Human Subjects

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the involvement of human subjects, is repeated here for your reference as you provide related responses for this Fellowship application. If you wish to change the answer to the item shown below, please do so on the Research & Related Other Project Information form; you will not be able to edit the response here.

Are Human Subjects Involved? ☐ Yes ☐ No

12. Human Subjects Involvement Indefinite? ☐ Yes ☐ No

13. Clinical Trial? ☐ Yes ☐ No

14. Agency-Defined Phase III Clinical Trial? ☐ Yes ☐ No

15. Protection of Human Subjects

16. Data Safety Monitoring Plan

17. Inclusion of Women and Minorities

18. Inclusion of Children

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Vertebrate Animals

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

Are Vertebrate Animals Used?

☐ Yes

☐ No

19. Vertebrate Animals Use Indefinite? ☐ Yes ☐ No

20. Are vertebrate animals euthanized? ☐ Yes ☐ No

If **"Yes"** to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?

☐ Yes

☐ No

If **"No"** to AVMA guidelines, describe method and provide scientific justification

21. Vertebrate Animals

Other Research Training Plan Information

22. Select Agent Research

23. Resource Sharing Plan

24. Authentication of Key Biological and/or Chemical Resources

Additional Information Section

25. Human Embryonic Stem Cells

* Does the proposed project involve human embryonic stem cells?

☐ Yes

☐ No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

☐ Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s):

26. Alternate Phone Number:

27. Degree Sought During Proposed Award:

Degree:

If "other", please
indicate degree type:

Expected Completion Date
(month/year):

28. * Field of Training for Current Proposal:

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29. * Current Or Prior Kirschstein-NRSA Support? ☐ Yes ☐ No

If yes, identify current and prior Kirschstein-NRSA support below:

* Level * Type Start Date (if known) End Date (if known) Grant Number (if known)

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30. * Applications for Concurrent Support ☐ Yes ☐ No

If yes, please describe in an attached file:

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31. * Citizenship:

U.S.Citizen U.S. Citizen or Non-Citizen National?

☐ Yes ☐ No

Non-U.S.Citizen

☐ With a Permanent U.S. Resident Visa

☐ With a Temporary U.S. Visa

If you are a non-U.S. citizen with a temporary visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, please also check here. ☐

32. ☐ Change of Sponsoring Institution

Name of Former Institution:

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Budget Section

All Fellowship Applicants:

1. * Tuition and Fees: ☐ None Requested

☐ Funds Requested:

Year 1	<input type="text"/>
Year 2	<input type="text"/>
Year 3	<input type="text"/>
Year 4	<input type="text"/>
Year 5	<input type="text"/>
Year 6 (when applicable)	<input type="text"/>

Total Funds Requested:

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Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

Amount	Academic Period	Number of Months
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested:

Amount	Number of Months
<input type="text"/>	<input type="text"/>

b. Supplementation from other sources:

Amount	Number of Months
<input type="text"/>	<input type="text"/>

Type (sabbatical leave, salary, etc.)

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Source

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Appendix