

PHS Fellowship Supplemental Form

OMB Number: 0925-0002

A. Application Type:

From SF424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated here for your reference as you provide the responses that are appropriate for this Fellowship application.

☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

B. Research Training Plan

1. Introduction to Application
(for RESUBMISSION applications only)
2. * Specific Aims
3. * Research Strategy
4. Inclusion Enrollment Report
(for RENEWAL applications only)
5. Progress Report Publication List
(for RENEWAL applications only)

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

6. * Human Subjects Involvement Indefinite? ☐ Yes ☐ No

7. Clinical Trial? ☐ Yes ☐ No

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

9. Protection of Human Subjects

10. Inclusion of Women and Minorities

11. Targeted/Planned Enrollment

12. Inclusion of Children

Other Research Training Plan Sections

Please note. The following item is taken from the Research & Related Other Project Information form. The response provided on that page, regarding the use of vertebrate animals, 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 Vertebrate Animals Used? ☐ Yes ☐ No

13. * Vertebrate Animals Use Indefinite? ☐ Yes ☐ No

14. Vertebrate Animals

15. Select Agent Research

16. Resource Sharing Plan

17. * Respective Contributions

18. * Selection of Sponsor and Institution

19. * Responsible Conduct of Research

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C. Additional Information

Human Embryonic Stem Cells

1. * 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), using the registry information provided within the agency instructions. 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):

Fellowship Applicant

2. Alternate Phone Number:

3. Degree Sought During Proposed Award:

Degree:

If "other", please
indicate degree type:

Expected Completion Date
(month/year):

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4. * Field of Training for Current Proposal:

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

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

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

6. * Applications for Concurrent Support? ☐ Yes ☐ No

If yes, please describe in an attached file:

7. * Goals for Fellowship Training and Career

8. * Activities Planned Under This Award

9. Doctoral Dissertation and Other Research Experience

10. * Citizenship: ☐ U.S. Citizen or noncitizen national

☐ Permanent Resident of U.S. Pending

☐ Permanent Resident of U.S.
(If a permanent resident of the U.S., a notarized statement must be provided by the time of award)

☐ Non-U.S. Citizen with temporary U.S. visa

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C. Additional Information (continued)

Institution

11. ☐ Change of Sponsoring Institution

Name of Former Institution:

D. Budget

All Fellowship Applicants:

1. * Tuition and Fees:

☐ None Requested

☐ Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (*when applicable*)

Total Funds Requested:

Senior Fellowship Applicants Only:

2. Present Institutional Base Salary:

Amount

Academic Period

Number of Months

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

a. Federal Stipend Requested:

Amount

Number of Months

b. Supplementation from other sources:

Amount

Number of Months

Type (sabbatical leave, salary, etc.)

Source

E. Appendix