

Department of Health and Human Services Public Health Service Ruth L. Kirschstein National Research Service Award Individual Fellowship Progress Report <i>Follow instructions carefully</i>		Review Group	Type	Activity	Fellowship Number
		Total Project Period			
		From:		Through:	
		Requested Budget Period			
		From:		Through:	
1. TITLE OF RESEARCH TRAINING PROPOSAL					
2a. FELLOW (Name and address, street, city, state, zip code)			2b. FELLOW'S E-MAIL ADDRESS		
			2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
			2d. MAJOR SUBDIVISION		
3a. NAME OF SPONSOR			3b. SPONSOR'S E-MAIL ADDRESS		
4. SPONSORING INSTITUTION (<i>Name and address, street, city, state, zip code</i>)			6a. TITLE AND ADDRESS OF OFFICIAL IN SPONSORING INSTITUTION BUSINESS OFFICE		
5. ENTITY IDENTIFICATION NO.			6b. E-MAIL ADDRESS:		
7. HUMAN SUBJECTS			8. VERTEBRATE ANIMALS		
NO	7a. Research Exempt	If Exempt ("Yes" in 7a): Exemption No.	NO	8a. If "Yes," IACUC approval date	
YES	NO YES		YES		
If Not Exempt ("No" in 7a): IRB approval date		Full IRB <u>or</u> Expedited Review		8b. Animal welfare assurance no.	
7b. Human Subjects Assurance No.	7c. NIH Defined Phase III Clinical Trial		9. TRAINING SITE(S) (<i>Organizations and addresses</i>)		
	NO YES				
10. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (<i>Item 14</i>)			11. FELLOW'S TELEPHONE INFORMATION		
NAME			OFFICE		
TITLE			FAX		
TEL			HOME		
E-MAIL					
12. CORRECTIONS (Items 1 - 6)					
ASSURANCES/CERTIFICATIONS: The following assurances/certifications are verified by your signature in Item 13. See Section II.A., Specific Instructions for the Fellow, for further information. If unable to certify compliance, provide an explanation and place it after this page. • Debarment and Suspension • Delinquent Federal Debt.					
13. 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 Public Health Service terms and conditions if an award is issued as a result of this report. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I certify that the award will not support residency training.					
SIGNATURE OF FELLOW NAMED IN ITEM 2.				DATE	
14. SPONSOR AND SPONSORING ORGANIZATION CERTIFICATION AND ACCEPTANCE: We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.					
SIGNATURE OF SPONSOR NAMED IN 3 (<i>In ink. "Per" signature not acceptable.</i>)		DATE		SIGNATURE OF OFFICIAL NAMED IN 10. (<i>In ink. "Per" signature not acceptable.</i>)	
				DATE	

**Ruth L. Kirschstein National Research Service Award
Individual Fellowship Progress Report for
Continuation Support**

FELLOWSHIP NUMBER

15a. PERMANENT MAILING ADDRESS OF FELLOW (*Street, city, state, zip code*)

15b. PERMANENT PHONE NUMBER

16. Human subjects and vertebrate animals (see instructions)

A. Human Subjects (Complete Item 7 on the Face Page)

Use of Human Subjects Change No Change Since Previous Submission

B. Vertebrate Animals (Complete Item 8 on the Face Page)

Use of Vertebrate Animals Change No Change Since Previous Submission

WOMEN AND MINORITY INCLUSION IN CLINICAL RESEARCH

See PHS 416-1 Instructions. Use Inclusion Enrollment Report Format Page and, if necessary, Targeted/Planned Enrollment Format Page.

17. SUMMARY OF ACTIVITIES (Use continuation pages. Do not exceed 3 pages.)

A. CHANGES

Since submission of the last application/progress report, have any significant changes occurred in the training program, particularly the research project, academic status, or time distribution of activities (i.e., percentage of time devoted to research project, course work, teaching, etc.)? If so, explain.

B. PROGRESS

Describe concisely the research performed and research training obtained during the past year. List all courses and publications. Complete the Gender and Minority Inclusion table(s) (see below), if applicable.

C. RESEARCH TRAINING PLANS

Describe concisely the research and research training planned for the requested budget period, including any course work.

Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title: _____

Total Enrollment: _____ **Protocol Number:** _____

Grant Number: _____

PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race				
Ethnic Category	Sex/Gender			Total
	Females	Males	Unknown or Not Reported	
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (individuals not reporting ethnicity)				
Ethnic Category: Total of All Subjects*				*
Racial Categories				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of All Subjects*				*
PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)				
Racial Categories	Females	Males	Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of Hispanics or Latinos**				**

* These totals must agree.

** These totals must agree.

Name of Applicant (Last, first, middle): _____

Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

Study Title: _____

Total Planned Enrollment: _____

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino			
Not Hispanic or Latino			
Ethnic Category: Total of All Subjects *			
Racial Categories			
American Indian/Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
Racial Categories: Total of All Subjects *			

* The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

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(To be completed by sponsor — follow PHS 416-9 instructions)

FELLOWSHIP NUMBER

18. SUPPLEMENTATION OF STIPEND: NO YES If "yes," specify the amount(s) and dates on which supplementation occurred, and the source of the funds.

19. COMMENTS OF SPONSOR (Use additional page, if necessary)
Evaluate the quality of the training (including academic work) and research progress made by the fellow during the past year. Include performance on cumulative and qualifying examinations, if applicable.

SPONSORING INSTITUTION'S ASSURANCES/CERTIFICATIONS

The following policies, assurances, and certifications are verified by the signature of the Official Signing for Sponsoring Institution on the Face Page. See Item 14 for further information. If unable to certify compliance where applicable, provide an explanation and place it after this page.

•Human Subjects Research •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy •Vertebrate Animals •Debarment and Suspension •Research Misconduct •Civil Rights (Form HHS 441 or HHS 690) •Handicapped individuals (Form HHS 641 or HHS 690) •Sex Discrimination (Form HHS 639-A or HHS 690) •Age Discrimination (Form HHS 680 or HHS 690) •Recombinant DNA Research, Including Human Gene Transfer Research •Financial Conflict of Interest •Prohibited Research •Select Agents and Toxins