Department of Health and Human Services Public Health Service			Review Group	Туре	Activity	Fellowship Number		
		Kirschstein	Total Project Pe	riod				
Natio		rch Service Award	Total Project Period From: Through:					
Individu		ship Progress Report	Requested Budg	not Dorind	Tillough.			
	Follow instr	uctions carefully	From:	jet Periou	Through:			
1. TITLE OF RESEA	RCH TRAINII	NG PROPOSAL	1 10111.		Tillough.	_		
		VOT TOT COME						
2a. FELLOW (Name	and address,	street, city, state, zip code)	2b. FELLOW'S E-	MAIL ADDI	RESS			
			2c. DEPARTMEN	Γ, SERVIC	E, LABORATO	PRY, OR EQUIVALENT		
			2d. MAJOR SUBD	IVISION				
3a. NAME OF SPON	ISOR		3b. SPONSOR'S E	E-MAIL AD	DRESS			
4. SPONSORING IN state, zip code)	STITUTION (Name and address, street, city,		6a. TITLE AND ADDRESS OF OFFICIAL IN SPONSORING INSTITUTION BUSINESS OFFICE				
5. ENTITY IDENTIFI	CATION NO.		6b. E-MAIL ADDR	6b. E-MAIL ADDRESS:				
7. HUMAN SUBJEC	TS NO	YES	9. TRAINING SITE(S) (Organizations and addresses)					
7a. Research Exempt	If Exempt ("Y	es" in 7a): Exemption No.	Organizational Name:					
NO YES	If Not Exemp	t ("No" in 7a): IRB approval date	DUNS:	DUNS:				
7b. Federalwide Assu	rance No.		Street 1:					
7c. NIH Defined Pha	se III Clinical	Trial NO YES	Street 2:					
8. VERTEBRATE AN	NIMALS	NO YES	City:		County:			
8a. If "Yes," IACUC approval date	e	8b. Animal welfare assurance no.	State:	State: Province:		:		
			Country:		Zip/Posta	al Code:		
10. NAME AND TITL ORGANIZATION (It		AL SIGNING FOR APPLICANT	Congressional Dis	Congressional Districts:				
NAME			11. FELLOW'S TELEPHONE INFORMATION					
TITLE			OFFICE					
TEL		FAX	FAX					
E-MAIL			HOME					
12. CORRECTIONS	(Items 1 - 6)		·					
accurate to the best result of this report. I administrative penalt	of my knowled am aware tha ies.	I CERTIFICATION AND ACCEPTA dge, and I agree to comply with the at any false, fictitious, or fraudulent	Public Health Service	e terms and	d conditions if a	a grant is awarded as a nal, civil, or		
SIGNATURE OF OF (In ink. "Per" signatur						DATE		

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Program	Director/P	rincinal In	vestigator (l ast	Firet	Middle).

Use only if additional space is needed to list additional project/performance sites.

Additional Project/Performance Site Loca	ation				
Organizational Name:					
DUNS:					
Street 1:			Street 2:		
City:		County:			State:
Province:	Country:			Zip/Postal	Code:
Project/Performance Site Congressional Districts:					
Additional Project/Performance Site Loca	ation				
Organizational Name:					
DUNS:					
Street 1:			Street 2:		
City:		County:			State:
Province:	Country:			Zip/Postal	Code:
Project/Performance Site Congressional Districts:					
Additional Project/Performance Site Loca	ation				
Organizational Name:					
DUNS:					
Street 1:			Street 2:		
City:		County:			State:
Province:	Country:			Zip/Postal	Code:
Project/Performance Site Congressional Districts:					
Additional Project/Performance Site Loca	ation				
Organizational Name:					
DUNS:					
Street 1:			Street 2:		
City:		County:			State:
Province:	Country:			Zip/Postal	Code:
Project/Performance Site Congressional Districts:	:				
Additional Project/Performance Site Loca	ation				
Organizational Name:					
DUNS:					
Street 1:			Street 2:		
City:		County:			State:
Province:	Country:			Zip/Postal	Code:
Project/Performance Site Congressional Districts:					

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

FELLOWSHIP NUMBER

14a	. PERMANENT	MAILING	ADDRESS	OF FELLOW	(Street,	city,	state
zip (code)						

14b. PERMANENT PHONE NUMBER

15. Human subjects, vertebrate animals, and select agents (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

C. Select Agents (There is no item required on Face Page for Select Agents)

Use of Select Agents 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.

16. 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, including instruction in the responsible conduct of research, during the past year. List all courses and publications.

Complete the Inclusion Enrollment Report Format Page and Targeted/Planned Enrollment Format Page, if applicable.

C. RESEARCH TRAINING PLANS

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

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Inclusion Enrollment Report

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

Study Title:								
Total Enrollment:	otal Enrollment: Protocol Number:							
Grant Number:								
DADT A TOTAL ENDOLLMENT DEPORT. Name	(0 . 1.) (.	5	2-1- (2					
	r of Subjects licity and Rac		Date (Cumulative	?)				
			Sex/Gender					
Ethnic Category	Females	Males	Unknown or Not Reported	Total				
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	per of Hispani	cs or Latino	s Enrolled to Da	te (Cumulative)				
			Sex/Gender					
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):	
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Targeted/Planned Enrollment Table

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

Study Title:	
Total Planned Enrollment:	

TARGETED/PLANNED ENRO	LLMENT: Number of Subje	cts	
Ethnic Category	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."

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

FELLOWSHIP NUMBER

	(To be completed by sponse	<u> </u>	V I IIO T IO-9 I		
17.	SUPPLEMENTATION OF STIPEND:	NO	YES	If "yes," specify the amount(s) occurred, and the source of the	and dates on which supplementation e funds.
18.	COMMENTS OF SPONSOR (Use addition Evaluate the quality of the training (includin performance on cumulative and qualifying	ng acaden	nic work) and	research progress made by the fible.	fellow during the past year. Include
	DU LO ANTE O DO ANIZATIONIO A COLUDANO F				

APPLICANT ORGANIZATION'S ASSURANCES/CERTIFICATIONS

In signing the application Face Page, the applicant organization official agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in the PHS 416-9 Instructions under Section 2.1, Item 13. Applicant Organization Certification and Acceptance. If unable to certify compliance, where applicable, provide an explanation and place it after the Progress Report.