

# PHS Fellowship Supplemental Form

OMB Number: 0925-0002  
Expiration Date: 10/31/2008

## 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 <i>(for RESUBMISSION applications only)</i>	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2. * Specific Aims	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3. * Background and Significance	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4. * Preliminary Studies/Progress Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5. * Research Design and Methods	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6. Inclusion Enrollment Report <i>(for RENEWAL applications only)</i>	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7. Progress Report Publication List <i>(for RENEWAL applications only)</i>	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

## 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

8. \* Human Subjects Involvement Indefinite?  Yes  No

9. Clinical Trial?  Yes  No

10. Agency-Defined Phase III Clinical Trial?  Yes  No

11. Protection of Human Subjects	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12. Inclusion of Women and Minorities	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13. Targeted/Planned Enrollment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14. Inclusion of Children	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

## 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

15. \* Vertebrate Animals Use Indefinite?  Yes  No

16. Vertebrate Animals	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
17. Select Agent Research	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
18. Resource Sharing Plan	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
19. * Respective Contributions	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
20. * Selection of Sponsor and Institution	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
21. * Responsible Conduct of Research	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

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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):


### Candidate

2. Alternate Phone Number:

3. Graduate Degree Earned (if applicable):

Degree:

If "other", please indicate degree type:

Date Earned (month/year):

Reset Entry

4. Degree Sought During Proposed Award:

Degree:

If "other", please indicate degree type:

Expected Completion Date (month/year):

Reset Entry

5. \* Field of Training for Current Proposal:

6. \* 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)

Reset Entry

Reset Entry

Reset Entry

Reset Entry

7. \* Applications for Concurrent Support?  Yes  No

*If yes, please describe in an attached file:*

Add Attachment

Delete Attachment

View Attachment

8. \* Goals for Fellowship Training and Career

Add Attachment

Delete Attachment

View Attachment

9. \* Activities Planned Under This Award

Add Attachment

Delete Attachment

View Attachment

10. Doctoral Dissertation and Other Research Experience

Add Attachment

Delete Attachment

View Attachment

11. \* 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

12.  Change of Sponsoring Institution

\* Name of Former Institution:

13. Assurances/Certification:

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>.

*If unable to certify compliance, where applicable, provide an explanation and attach below.*

Explanation:

Add Attachment

Delete Attachment

View Attachment

## D. Budget

### Senior Fellowship Applicants Only:

1. Present Institutional Base Salary: Amount  Academic Period  Number of Months

2. 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

### All Fellowship Applicants:

3. \* Tuition and Fees:

None Requested  Funds Requested:

Year 1

Year 2

Year 3

Year 4

Year 5

Year 6 (when applicable)

**Total Funds Requested:**

## E. Appendix

Add Attachments

Delete Attachments

View Attachments