

**NON-U.S. SCIENTISTS ONLY**

**APPLICANT AND U.S. COLLABORATING RESEARCHER TO COMPLETE THIS PAGE (Page 1)**

**TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK**

**PART I — APPLICANT SECTION**

1. Name of Applicant <i>(family name, given name, middle initial)</i>		2. Advanced Degree(s)	3. Social Security Number <i>(if available)</i>
Position/Title:			
4a. Name of Applicant's Institution		5. Permanent Mailing Address <i>(street address, city, state/province, country, postal code)</i>	
4b. Department, Service, Laboratory, or Equivalent		6. Dates of Proposed Travel <i>(MM/DD/YY to MM/DD/YY)</i>	
7. Office Phone <i>(country code, city/area code, number, extension)</i>	8. Fax Number <i>(country code, city/area code, number)</i>	9. Home Number <i>(country code, city/area code, number)</i>	
10. E-mail Address		11. Present Address, Phone, and E-mail <i>(if different from permanent information)</i>	
12. Date		13. Signature <i>(indicates acceptance of certification below)</i>	

**PART II – U.S. COLLABORATING RESEARCHER SECTION**

14. Name of U.S. Collaborating Researcher	15. Name of U.S. Collaborating Researcher's Institution
16. Date	17. U.S. Collaborating Researcher's Signature Agreement <i>(indicates acceptance of applicant's research program and certification below)</i>

**APPLICANT AND COLLABORATING RESEARCHER CERTIFICATION AND ACCEPTANCE:**

I have read and understand the U.S. Federal regulations on the conduct of research supported by the National Institutes of Health (NIH). I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with NIH terms and conditions if a fellowship is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

**APPLICANT (Page 2)**

<b>Name of Applicant</b> <i>(family name, given name, middle initial)</i>	<b>Name of U.S. Collaborating Researcher</b> <i>(family name, given name, middle initial)</i>
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**APPLICATION CHECKLIST**

To ensure that ***all*** documents supporting the DISCA application are properly completed and included with your application, please check the appropriate items listed below and return this checklist with your application. Only **COMPLETE** applications can be reviewed by NIDA.

**PART I — Applicant's Portion**

- Form Page 1 with Items 1–13 completed (*including signature*). Send ORIGINAL to U.S. Collaborating Researcher for his/her signature agreement.
- Form Pages 2–6
- Program Plan (*not to exceed 7 pages*)
- List of peer-reviewed publications
- Appendix  
Applicants who have authored or coauthored articles in peer-reviewed scientific journals may submit a maximum of three publications.

**PART II — U.S. Collaborating Researcher's Portion**

- Form Page 1 with items 14–17 completed
- Form Pages 7–10
- U.S. Collaborating Researcher's Statement (*not to exceed 7 pages*)

**PART III — References**

Applications without references are incomplete and will NOT be reviewed.

- Two references have been requested from:
  1. \_\_\_\_\_(Current Supervisor)
  2. \_\_\_\_\_(Colleague)

**APPLICANT (Page 3)**

<b>Name of Applicant</b> <i>(family name, given name, middle initial)</i>	<b>Name of U.S. Collaborating Researcher</b> <i>(family name, given name, middle initial)</i>
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**Education**

*Please list all postsecondary institutions you attended, beginning with the most recent.*

Name and Location of Institution	Major Field(s) of Study	Dates Attended (month and year)	Name of Diploma or Degree	Date Received

**Additional Training**

*Please include NIH-sponsored activities:*

Activity	Field	Institution	Beginning Date	Ending Date

**APPLICANT (Page 4)**

<b>Name of Applicant</b> <i>(family name, given name, middle initial)</i>	<b>Name of U.S. Collaborating Researcher</b> <i>(family name, given name, middle initial)</i>
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<b>Employment</b>			
Name and Address of Current Employer	Job Title	Dates of Employment	
		From	To
Please describe your current job responsibilities:			
Previous Employers			

<b>Significant Publications or Accomplishments</b> <i>Name your most significant publications, honors, awards, projects, or other accomplishments. Please attach a list of your peer-reviewed publications.</i>
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**APPLICANT (Page 5)**

<b>Name of Applicant</b> <i>(family name, given name, middle initial)</i>	<b>Name of U.S. Collaborating Researcher</b> <i>(family name, given name, middle initial)</i>
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**Applicant's Program Plan Summary**

*Please provide a 50-word (or less) summary of your goals for the program.*

**Applicant's Program Plan**

*This section may not exceed 7 pages.*

- 1) Please describe the proposed collaborative effort, including timeframe and expected outcome.
- 2) Describe how the proposed collaborative effort will advance scientific understanding of drug abuse and addiction (as assessed by significance, approach, innovation and qualifications).
- 3) Please describe your understanding of the U.S. Federal guidelines regarding the conduct of research, and how you and your Collaborating Researcher will ensure that research conducted as a result of this award complies with all NIH and institutional requirements.
- 4) Please explain why you selected this U.S. Collaborating Researcher and institution to accomplish your research goals.
- 5) If applicable, please describe how this proposal will enhance research skills in the United States or your home country.

**APPLICANT (Page 6)**

<b>Name of Applicant</b> <i>(family name, given name, middle initial)</i>	<b>Name of U.S. Collaborating Researcher</b> <i>(family name, given name, middle initial)</i>
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**MONTHLY ALLOWANCE BUDGET SHEET**

The DISCA awards provide a monthly allowance to cover living expenses for 1 to 3 months depending on project requirements. This allowance may not exceed \$6,500US per month. Please enter your budget estimates in the form below. The final award selection is primarily based on the scientific merit of the proposed collaboration. In addition to the scientific merit, the number of applications received, this budget estimate, and NIDA International Program's annual fiscal budget will be taken into consideration when making final selection.

<b>DISCA MONTHLY ALLOWANCE BUDGET</b>	
<b>Expense Category</b>	<b>Projected Cost</b> (In U.S. dollars)
Health Insurance	
Lodging	
Meals and Incidentals	
Local Transportation (do not include airfare)	
Utilities	
Other (please specify)	
<b>Total</b>	

**APPLICANT (Page 7)**  
**TRAVEL INFORMATION**

**TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK**

<b>NAME</b> (family name, given name, middle initial)	<b>DATE OF BIRTH</b> (MM/DD/YY)	<b>PLACE OF BIRTH</b> (city and country)	<b>NATIONALITY</b>	<b>SEX</b>	<b>PASSPORT NUMBER</b>	<b>ISSUING COUNTRY</b>	<b>PASSPORT EXPIRATION DATE</b>
Applicant							
Accompanying Family Members							
Spouse							
Child (1)							
Child (2)							
Child (3)							
Other (specify, _____)							

**U.S. COLLABORATING RESEARCHER (Page 8)**

<b>Name of Applicant</b> <i>(family name, given name, middle initial)</i>	<b>Name of U.S. Collaborating Researcher</b> <i>(family name, given name, middle initial)</i>
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**Contact Information**

Position and Title	Social Security Number (if applicable)
Name of Institution	Office Phone <i>(country code, city/area code, number, extension)</i>
Department, Service, Laboratory, or Equivalent	Fax Number <i>(country code, city/area code, number)</i>
Office Mailing Address <i>(street address, city, state or province, country, postal code)</i>	E-mail Address
	Home Phone <i>(country code, city/area code, number)</i>
	Home Address <i>(street address, city, state or province, country, postal code)</i>

**Education**

*Please list all postsecondary institutions you attended, beginning with the most recent.*

Name and Location of Institution	Major Field(s) of Study	Dates Attended (month and year)	Name of Diploma or Degree	Date Received

**Significant Publications or Accomplishments**

*Please list your most significant publications, honors, awards, or other accomplishments, including current membership on U.S. Federal Government public advisory committees. Please attach a list of your peer-reviewed publications.*



**U.S. COLLABORATING RESEARCHER (Page 9)**

<b>Name of Applicant</b> <i>(family name, given name, middle initial)</i>	<b>Name of U.S. Collaborating Researcher</b> <i>(family name, given name, middle initial)</i>
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**U.S. Collaborating Researcher's Statement**

*This section may not exceed 7 pages.*

- 1) Please describe how the proposed collaborative effort will advance scientific understanding of drug abuse and addiction (as assessed by significance, approach, innovation, and qualifications).
- 2) Please discuss your plans to collaborate with this applicant, and how the collaboration will advance your own research.
- 3) Please describe how the proposed collaboration falls within the NIDA research mission.
- 4) Please describe your understanding of the U.S. Federal guidelines regarding the conduct of research, and how you and the applicant will ensure that research conducted as a result of this award complies with all NIH and institutional requirements.
- 5) If applicable, please describe how this proposal will enhance research skills in the United States or in the applicant's home country.

**U.S. Collaborating Researcher (Page 10)**

<b>Name of Applicant</b> <i>(family name, given name, middle initial)</i>	<b>Name of U.S. Collaborating Researcher</b> <i>(family name, given name, middle initial)</i>
<p><b>NIDA RESEARCH AND TRAINING SUPPORT</b></p> <p><b>The U.S. Collaborating Researcher <i>must</i> be a NIDA grantee throughout the award period.</b></p> <p>Please use this format to list:</p> <p>(1) All currently <u>active</u> NIDA grants and</p> <p>(2) All NIDA applications and proposals <u>pending</u> review or award, whether related to this application or not.</p> <p>Use additional pages if necessary. If any information changes after submission, notify NIDA International Program staff.</p>	
1. Grant Source and identifying number	2. <input type="checkbox"/> Active <input type="checkbox"/> Pending
3. Title	
4. P.I.	
5. Project Officer:	
6. U.S. Collaborating Researcher's role on project	7. Percentage of effort
8. Dates and costs of entire project	9. Dates and costs during the award period
10. Specific aims of project	
11. Identify the research support that the U.S. Collaborating Researcher will make available to the applicant during the exchange visit.	

**U.S. Collaborating Researcher (Page 11)**

<b>Name of Applicant</b> <i>(family name, given name, middle initial)</i>	<b>Name of U.S. Collaborating Researcher</b> <i>(family name, given name, middle initial)</i>
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**NIDA Grantee and Sponsoring Institution Certifications and Assurances**

1. Sponsoring Institution Identification No. (12-digit number)		
2a. Human Subjects <input type="checkbox"/> No <input type="checkbox"/> Yes	2b. If "Yes," Exemption No.    OR    IRB Approval Date	2c. Assurance of Compliance No.
3a. Vertebrate Animals <input type="checkbox"/> No <input type="checkbox"/> Yes	3b. If "Yes," IACUC Approval Date	3c. Animal Welfare Assurance No.

Funds paid to a Distinguished Scientist under the Distinguished International Scientist Collaboration Award are considered Federal financial assistance to the U.S. Institution and must comply with the same U.S. Federal regulations, polices, guidelines, and review considerations as do all NIH research project grant applications.

Accordingly, the individual signing the Distinguished International Scientist application as the **Official Signing for Sponsoring Institution** is certifying that the sponsoring institution and its principals will comply with all NIH terms and conditions.

In addition, by signing below, the **NIDA Grantee** agrees to accept responsibility for the scientific conduct of any research conducted as a result of a Distinguished International Scientist award and to comply with both NIH and institutional regulations.

For a complete discussion of the NIH regulations, consult the NIH Grants Policy Statement at <http://grants.nih.gov/policy/policy.htm> or "Section 8 – Research Plan" of the *Application for a Public Health Service Grant, PHS 398 Instructions*, <http://grants2.nih.gov/grants/funding/phs398/phs398.html>.

Any research conducted as a result of an International Distinguished Scientist Award must comply with all NIH policies on:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Human Subjects</li> <li>• Research Using Human Embryonic Stem Cells</li> <li>• Research on Transplantation of Human Fetal Tissue</li> <li>• Women and Minority Inclusion Policy</li> <li>• Inclusion of Children Policy</li> <li>• Vertebrate Animals</li> <li>• Debarment and Suspension</li> <li>• Drug-Free Workplace</li> </ul> | <ul style="list-style-type: none"> <li>• Lobbying</li> <li>• Non-Delinquency on Federal Debt</li> <li>• Research Misconduct</li> <li>• Civil Rights (Form HHS 441 or HHS 690)</li> <li>• Handicapped Individuals (Form HHS 641 or HHS 690)</li> <li>• Sex Discrimination (Form HHS 639-A or HHS 690)</li> <li>• Age Discrimination (Form HHS 680 or HHS 690)</li> <li>• Recombinant DNA and Human Gene Transfer Research</li> <li>• Financial Conflict of Interest</li> </ul> |
|--|---|

**CERTIFICATION:** We, the undersigned, certify that (a) the information herein is true and complete to the best of our knowledge; (b) if this application results in an award for a research fellowship, appropriate training, adequate facilities, and supervision will be provided; and (c) we accept the obligation to comply with the NIH terms and conditions of the Fellowship award. We are aware that any false, fictitious, or fraudulent statement may subject us to criminal, civil, or administrative penalties.

SIGNATURE AND TYPED NAME	E-MAIL ADDRESS	OFFICE TELEPHONE (area code, number, extension)	DATE
NIDA Grantee			
Department Head			
Official Signing for Sponsoring Institution			

**REFERENCE REPORT – APPLICANT AND REFERENCE TO COMPLETE THIS PAGE (Page 12)**

**Deadline: January 1**

TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK				
PART I – APPLICANT SECTION				
1. Name of Applicant (family name, given name, middle initial)	2. Applicant's Institution			
3. Name of U.S. Collaborating Researcher (family name, given name, middle initial)	4. U.S. Collaborating Researcher's Institution			
Dates of Proposed Travel				
PART II – REFERENCE SECTION				
<p><b>INSTRUCTIONS:</b> The above individual selected you as a reference for his/her application for a NIDA Distinguished International Scientist Collaboration Award. NIDA reviewers will use these references in assessing applicants, and applicants may have access to personal information contained in their records, including this reference report.</p> <p>Please use an additional page to describe <b>in English</b> (or a certified translation) your association with the applicant. Comment on the following items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for significant international collaboration on drug abuse research. Applications will not be considered without references. Please complete your reference immediately and mail directly to:</p> <p><b>Distinguished International Scientist Program, c/o IQ Solutions, Inc., 11300 Rockville Pike, Suite 901, Rockville, Maryland 20852, USA</b></p>				
<p>Rate the applicant on each item as compared with other individuals of similar training and experience with whom you have been associated. Every block should be marked; insert "X" if insufficient knowledge to rate and "NA" if not applicable.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p><b>1 – Outstanding</b> – Comparable to the best individual in a research laboratory (upper 5%)</p> <p><b>2 – Excellent</b> – Much above average (upper 6% to 20%)</p> <p><b>3 – Very Good</b> – Above average (upper 21% to 40%)</p> <p><b>4 – Good</b> – Average (middle 41% to 60%)</p> <p><b>5 – Fair</b> – Below average (lower 40%)</p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Research ability  <input type="checkbox"/> Written and verbal communications  <input type="checkbox"/> Perseverance in pursuing goals  <input type="checkbox"/> Self-reliance and independence  <input type="checkbox"/> Clinical proficiency, if relevant  <input type="checkbox"/> Laboratory skills and techniques, if relevant  <input type="checkbox"/> Originality  <input type="checkbox"/> Accuracy  <input type="checkbox"/> Scientific background  <input type="checkbox"/> Familiarity with research literature  <input type="checkbox"/> Ability to organize scientific data                 </td> </tr> </table>			<p><b>1 – Outstanding</b> – Comparable to the best individual in a research laboratory (upper 5%)</p> <p><b>2 – Excellent</b> – Much above average (upper 6% to 20%)</p> <p><b>3 – Very Good</b> – Above average (upper 21% to 40%)</p> <p><b>4 – Good</b> – Average (middle 41% to 60%)</p> <p><b>5 – Fair</b> – Below average (lower 40%)</p>	<input type="checkbox"/> Research ability <input type="checkbox"/> Written and verbal communications <input type="checkbox"/> Perseverance in pursuing goals <input type="checkbox"/> Self-reliance and independence <input type="checkbox"/> Clinical proficiency, if relevant <input type="checkbox"/> Laboratory skills and techniques, if relevant <input type="checkbox"/> Originality <input type="checkbox"/> Accuracy <input type="checkbox"/> Scientific background <input type="checkbox"/> Familiarity with research literature <input type="checkbox"/> Ability to organize scientific data
<p><b>1 – Outstanding</b> – Comparable to the best individual in a research laboratory (upper 5%)</p> <p><b>2 – Excellent</b> – Much above average (upper 6% to 20%)</p> <p><b>3 – Very Good</b> – Above average (upper 21% to 40%)</p> <p><b>4 – Good</b> – Average (middle 41% to 60%)</p> <p><b>5 – Fair</b> – Below average (lower 40%)</p>	<input type="checkbox"/> Research ability <input type="checkbox"/> Written and verbal communications <input type="checkbox"/> Perseverance in pursuing goals <input type="checkbox"/> Self-reliance and independence <input type="checkbox"/> Clinical proficiency, if relevant <input type="checkbox"/> Laboratory skills and techniques, if relevant <input type="checkbox"/> Originality <input type="checkbox"/> Accuracy <input type="checkbox"/> Scientific background <input type="checkbox"/> Familiarity with research literature <input type="checkbox"/> Ability to organize scientific data			
Dates associated with applicant	Capacity at that time ( <i>advisor, supervisor, or other</i> )			
Respondent ( <i>name, title, department, institution, and country</i> )				
E-mail	Signature	Date		