

**APPLICANT AND MENTOR TO COMPLETE THIS PAGE (Page 1)**

**Is this application for the INVEST/CTN Fellowship?  YES  NO**

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

**PART I — APPLICANT SECTION**

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

**Part II – Mentor Section**

<b>13. Name of U.S. Mentor</b>		<b>14. Name of U.S. Institution</b>	
<b>15. Date</b>		<b>16. Mentor's Signature Agreement</b> <i>(indicates acceptance of applicant's research plan and certification below)</i>	

**APPLICANT AND MENTOR 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)**

**APPLICATION CHECKLIST**

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

*Name of Applicant (family name, given name, middle initial)*

*Name of U.S. Mentor (family name, given name, middle initial)*

To ensure that all documents supporting the INVEST Research Fellowship 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 1–12 completed (*including signature*). Send ORIGINAL to U.S. mentor for his/her signature agreement.
- Form Pages 2–8
- Research Plan (*not to exceed 10 pages*)
- Written Assurance of Future Position
- Certification of doctoral degree(s)
- List of peer-reviewed publications
- Appendix (*optional*)  
Applicants who have authored or coauthored articles in peer-reviewed scientific journals may submit a maximum of three publications.

**PART II — U.S. Mentor's Portion**

- Form Page 1 with items 13–16 completed
- Form Pages 9–12

**PART III — References**

**Applications without references are incomplete and will NOT be reviewed.**

- Three references have been requested from:
  1. \_\_\_\_\_ (Current Supervisor)
  2. \_\_\_\_\_ (Colleague/ Previous Supervisor)
  3. \_\_\_\_\_ (Colleague/ Previous Supervisor)

**APPLICANT (Page 3)**

**APPLICANT'S PERSONAL HISTORY**

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

**Name of Applicant** (family name, given name, middle initial)

**Name of U.S. Mentor** (family name, given name, middle initial)

**1. Education: Please list all post-secondary 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

**2. Additional Training (include NIH-sponsored activities or funding):**

Activity	Field	Institution	Beginning Date	Ending Date

**3. Title(s) of Theses/Dissertations**

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**APPLICANT (Page 4)**

**APPLICANT'S PERSONAL HISTORY—CONTINUED**

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

**Name of Applicant** (family name, given name, middle initial)

**Name of U.S. Mentor** (family name, given name, middle initial)

**4. Employment**

Name and Address of Current Employer	Job Title	Dates of Employment	
		From	To

Please describe your current job responsibilities:

Previous Employers	Job Title	Dates of Employment	
		From	To

**5. Name your most significant publications, honors, awards, projects, or other accomplishments.**

**APPLICANT (Page 5)**

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

*Name of Applicant (family name, given name, middle initial)*

*Name of U.S. Mentor (family name, given name, middle initial)*

**Fellowship Goals**

*Please provide a 50-word summary of your goals for the Fellowship. (Your complete Fellowship and career plan should be described on page 5.)*

**Research Proposal Abstract**

*Limit to 250 words.*

**APPLICANT (Page 6)**

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

**Name of Applicant** (family name, given name, middle initial)

**Name of U.S. Mentor** (family name, given name, middle initial)

**Respective Contributions**

Describe the collaborative process between you and the mentor in the development, review, and editing of the research proposal.

**Selection of Mentor and Institution**

1. Explain why you selected this mentor and institution to accomplish your research goals.

2. What research opportunities do the U.S. institution and mentor offer that are not currently available in your home country? Key factors in the selection should be described.

3. Address your level of proficiency in reading, speaking, and comprehending English.

**APPLICANT (Page 7)**

**Applicant's Research PLAN**

*(This section may not exceed 10 pages in addition to this face page and excluding the literature citations)*

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

*Name of Applicant (family name, given name, middle initial)*

*Name of U.S. Mentor (family name, given name, middle initial)*

Please describe the proposed Research Plan, including:

1. Specific aims
2. Background and significance
3. Research design and methods
4. NIH regulations on the conduct of research
5. Literature citations

APPLICANT (Page 8)

**TRAVEL INFORMATION**

TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK

Name of Applicant (family name, given name, middle initial)

Name of U.S. Mentor (family name, given name, middle initial)

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



**MENTOR (Page 9)**

**MENTOR'S PERSONAL HISTORY**

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

**Name of Applicant** *(family name, given name, middle initial)*

**Name of U.S. Mentor** *(family name, given name, middle initial)*

**1. Date of Birth** *(MM/DD/YY)*

**2. Social Security Number**

**3. Name of U.S. Institution**

**4. Position and Title**

**5. Department, Service, Laboratory, or Equivalent**

**6. Office Phone** *(area code, city code, number, extension)*

**7. Office Mailing Address** *(street, city, State, Zip code)*

**8. Fax Number** *(area code, city code, number)*

**9. Home Phone** *(area code, city code, number)*

**10. E-mail Address**

**11. Education** *(Begin with baccalaureate or other initial professional education, such as nursing, and include any postdoctoral training.)*

Institution and Location

Degree

Year Conferred

Field of Study

**12. List your most significant publications, honors, awards, or other accomplishments, including current membership on a Federal Government public advisory committee.**

**MENTOR (Page 10)**

**MENTOR'S RESEARCH AND TRAINING SUPPORT**

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

**Name of Applicant** (family name, given name, middle initial)

**Name of U.S. Mentor** (family name, given name, middle initial)

The U.S. mentor **must** be a NIDA grantee throughout the Fellowship period.

Please use this format to list:

- (1) All currently active NIDA grants and
- (2) All applications and proposals pending review or award, whether related to this application or not.

Use additional pages if necessary. If any information changes after submission, notify NIDA International Program staff.

**1. Grant Source and identifying number**

**2.**  **Active**     **Pending**

**3. Title:**

**4. Principal Investigator:**

**5. Project Officer:**

**6. Mentor's role on project**

**7. Percentage of effort**

**8. Dates and costs of entire project**

**9. Dates and costs during Fellowship year**

**10. Specific aims of project**

**11. Identify the research support that the mentor will make available to the applicant during the Fellowship.**

**12. Previous Fellows/Trainees**

Give the total number of pre- and post-doctoral Fellows the mentor has trained and list the current employing organizations and position titles for a representative five.

MENTOR (Page 11)

**U.S. MENTOR'S STATEMENT**

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

*Name of Applicant (family name, given name, middle initial)*

*Name of U.S. Mentor (family name, given name, middle initial)*

***This section may not exceed 10 pages in addition to this face page.***

Please complete the following:

1. Describe the Research Plan for the applicant. Include such items as seminars and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewers evaluate the applicant and the proposed research project. Indicate the relationship of the proposed research to the applicant's career. Describe the skills and techniques that the applicant will learn and relate these to the applicant's career goals.
2. How many pre-doctoral and post-doctoral Fellows/trainees will be supervised during the Fellowship?
3. Describe the applicant's qualifications and potential for a research career.
4. Please assess the feasibility of the Research Plan with respect to current NIH regulations on the conduct of research.
5. Please describe the applicant's understanding of the U.S. Federal guidelines regarding the conduct of research, and how you will ensure that the applicant complies with all NIH and institutional requirements.

**MENTOR (Page 12)**

**MENTOR AND SPONSORING INSTITUTION CERTIFICATIONS AND ASSURANCES**

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

**Name of Applicant** (family name, given name, middle initial)

**Name of U.S. Mentor** (family name, given name, middle initial)

**1. Sponsoring Institution Identification No. (12-digit number)**

**2a. Human Subjects**

No  Yes

**2b. If "Yes," Exemption No. OR IRB Approval Date**

**2c. Assurance of Compliance No.**

**3a. Vertebrate Animals**

No  Yes

**3b. If "Yes," IACUC Approval Date**

**3c. Animal Welfare Assurance No.**

Funds paid to a NIDA grantee's sponsoring institution under an INVEST Fellowship award are considered Federal financial assistance to that organization and must comply with the same U.S. Federal regulations, policies, guidelines, and review considerations as do all NIH research project grant applications.

Accordingly, the individual signing the INVEST Fellowship 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 **Mentor** agrees to accept responsibility for the scientific conduct of any research conducted as a result of an INVEST Fellowship 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 INVEST Fellowship 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 <i>(area code, number, extension)</i>	DATE
<i>Mentor</i>			
<i>Department Head</i>			
<i>Official Signing for Sponsoring Institution</i>			

**REFERENCE REPORT (Page 13)  
APPLICANT AND REFERENCE TO COMPLETE THIS PAGE  
TYPE OR COMPUTER-GENERATE IN ENGLISH ONLY USING BLACK INK**

<i>Name of Applicant (family name, given name, middle initial)</i>	<i>Name of U.S. Mentor (family name, given name, middle initial)</i>

**PART I – APPLICANT SECTION**

<b>1. Name of Applicant</b> (family name, given name, middle initial)	<b>2. Home Institution</b>
<b>3. Name of U.S. Mentor</b> (family name, given name, middle initial)	<b>4. U.S. Institution</b>
<b>5. Deadline (April 1 or October 1):</b>	

**PART II – REFERENCE SECTION**

**INSTRUCTIONS:** The above individual selected you as a reference for his/her application for an INVEST Fellowship 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.

Please use an additional page to describe **in English** (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 a research career. Attach this form and mail by the deadline directly to:

**INVEST Fellowship, c/o IQ Solutions, Inc., 11300 Rockville Pike, Suite 901, Rockville, Maryland, 20852 USA**

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.

<b>1 – Outstanding</b> – Comparable to the best individual in a current class or research laboratory (upper 5%) <b>2 – Excellent</b> – Much above average (upper 6% to 20%) <b>3 – Very Good</b> – Above average (upper 21% to 40%) <b>4 – Good</b> – Average (middle 41% to 60%) <b>5 – Fair</b> – Below average (lower 40%)	<input type="checkbox"/> Research ability and potential <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

<b>Dates associated with applicant</b>	<b>Capacity at that time</b> (teacher, advisor, supervisor, or other)

**Respondent** (name, title, department, institution, and country)

<b>E-mail</b>	<b>Signature</b>	<b>Date</b>