

Information and Instructions for Completing a Termination Notice

(Completed form should be mailed to the PHS awarding agency Grants Management Office named in the Notice of Award)

This form summarizes the information to be supplied by Ruth L. Kirschstein National Research Service Award (NRSA) recipients on termination of their award and for a limited period thereafter. This form may also be used to document the termination of appointments to non-NRSA institutional research training programs (e.g., T15), research education awards (e.g., R25), and institutional career development awards (e.g., K12). For non-NRSA recipients, please refer to specific guidance on documenting the termination of appointments in the Funding Opportunity Announcement, and in the terms and conditions of the Notice of Award.

ALL KIRSCHSTEIN–NRSA RECIPIENTS

(1) The attached Termination Notice (PHS 416-7) serves as the official record of your training under a Kirschstein–NRSA. This summary of work accomplished, support period, stipends received, and post-training activity is required of all recipients immediately after termination. After securing proper signatures, forward the completed form to the appropriate awarding office (National Institutes of Health (NIH) Institute or Center or Agency for Healthcare Research and Quality (AHRQ)). This form may be filled out online and then printed for submission.

(2) Because the sponsoring Federal agencies are asked periodically to review Kirschstein–NRSA program impact in terms of career choices, you may be contacted after the termination of this award, but no more frequently than once every 2 years, to determine how the training obtained has influenced your career.

KIRSCHSTEIN–NRSA POSTDOCTORAL RECIPIENTS WITH A PAYBACK OBLIGATION

(1) As specified in the Payback Agreement you signed at the time of award, biomedical or behavioral health-related research, health-related teaching, and/or health-related activities must begin within 2 years of terminating Kirschstein–NRSA support; otherwise, unless an extension of the 2 year service initiation period or a waiver of the obligation is granted, financial payback becomes due. Further details are given in the [Payback Agreement](#) and the National Research Service Awards section of the most recent version of the NIH Grants Policy Statement found at: <http://grants.nih.gov/grants/policy/policy.htm>. If you have any questions, contact the awarding office that supported your training.

(2) To record your payback status and service, you will receive from the sponsoring Federal agency an Annual Payback Activities Certification (APAC) (PHS 6031-1) form one year after your termination date and annually thereafter until your service obligation has been completed.

(3) You are required to keep the Federal funding agency informed of your current address and telephone number until your total payback obligation is satisfied. Report any change to the NRSA Payback Service Center, Office of Extramural Programs, National Institutes of Health, 6011 Executive Boulevard, Suite 206, MSC 7650, Bethesda, MD 20892-7650; (301) 594-1835; (866) 298-9371.

SPECIFIC INSTRUCTIONS FOR ITEMS ON THE TERMINATION NOTICE

(Item 1) Where applicable, include in parentheses any maiden name or other name used. This information is helpful in identifying past records and publications.

(Item 2) Provide the complete grant or award number of the budget period supporting your last year of research training, career development or education (e.g., 5 T32 GM 60654-08).

(Item 3) Self-explanatory.

(Item 4) The last four digits of your Social Security Number are requested under authority of the Public Health Service Act as amended (42 USC 288). This information provides the sponsoring Federal agency with vital information necessary for accurate identification and review of terminated appointments and fellowships and, where applicable, to establish and maintain an accurate payback record file. Providing this portion of your Social Security Number is voluntary and you will not be deprived of any Federal rights, benefits, or privileges for refusing to disclose it.

(Item 5) Include the degree(s) sought or earned during the period of support and the date all degree(s) requirements were (or will be) completed.

(Item 6) Self-explanatory.

(Item 7) **For Kirschstein-NRSA Awards Only** -- Provide information on your total Kirschstein–NRSA stipend support under the parent fellowship or training grant of which the number in Item 2 is a part. For domestic non-Federal institutions, the “Amount of Stipend” column must reflect the stipend only. Individual fellows sponsored by

(training at) Federal or foreign institutions must include all money paid directly to them by government check in the "Amount of Stipend" column. Note the stipend amount must reflect only the Kirschstein-NRSA stipend. Do not include any supplementation provided by other sources. Do **not** include any other NRSA-awarded costs such as tuition or institutional allowance.

(Item 8) Self-explanatory.

(Item 9a) Please mark a single box under each of the three categories that best describes your anticipated post-award position, activity, and the organization with which you will be affiliated.

(Items 9b and 9c) Provide post-award title, address, and phone number, if known.

(Item 10) **For Kirschstein-NRSA Awards Only** -- Provide an address where information regarding post-Kirschstein-NRSA training may be sent.

(Item 11) **For Kirschstein-NRSA Awards Only** -- Provide information on prior support from other Kirschstein-NRSA grants and awards and/or National Health Service Corps (NHSC) scholarships for which you still have a service obligation. If you are currently participating in the NIH Loan Repayment Program, check "LRP." This information will be used to develop a complete service obligation record.

(Item 12) In signing this form, I certify that the statements therein are true and complete to the best of my knowledge. Willful provision of false information is a criminal offense (U.S. Code, Title 18, Section 1001). I am

aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud and Civil Remedies Act of 1986 (45 CFR Part 79). Also, if I have a payback obligation, I understand that payback service must begin within 2 years of terminating my Kirschstein-NRSA support; otherwise, financial payback becomes due, unless an extension of the 2-year service initiation period or a waiver of the obligation is granted. I also understand that if I fail to repay both principal and interest, the Federal Government will take authorized actions to collect the debt.

(Item 13) The sponsor of (for individual fellowship awards) or the contact Program Director (for an institutional award) must sign and date the form certifying that the research training information is correct.

(Item 14) **For Kirschstein-NRSA Awards Only** -- A business official of domestic non-Federal sponsoring institutions (with the knowledge and authority to verify this information) must certify that the information provided in Items 6 and 7 is correct according to institutional records.

NIH estimates that it will take 30 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspect of this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0002). *DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS.*

Department of Health and Human Services Public Health Service Ruth L. Kirschstein National Research Service Award Termination Notice	1. NAME OF FELLOW OR APPOINTEE (<i>Last, first, middle</i>) 2. GRANT NO.
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3. NAME OF SPONSORING INSTITUTION	4. SOCIAL SECURITY NO. XXX-XX-	5. DEGREE(S) EARNED/ COMPLETION DATE(S)
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6. DATES OF SUPPORT UNDER THIS AWARD (Month, day, year): FROM: TO:

7. TOTAL KIRSCHSTEIN-NRSA STIPEND RECEIVED AND NUMBER OF MONTHS SUPPORTED UNDER THIS AWARD (See specific instructions for Amount of Stipend)

YEAR OF SUPPORT	AMOUNT OF STIPEND	NUMBER OF		YEAR OF SUPPORT	AMOUNT OF STIPEND	NUMBER OF	
		Months	Days			Months	Days
1 ST YEAR				5 TH YEAR			
2 ND YEAR				6 TH YEAR			
3 RD YEAR				7 TH YEAR			
4 TH YEAR				TOTALS			

8. Provide a summary of training received and research undertaken during fellowship or trainee tenure. List publications, if any, resulting from the research during this period. List grants and career awards pending and received. *If fellowship or training appointment is being terminated early, state reason.*

9a. POST-AWARD INFORMATION: Please mark a single box in each of the categories below.	9b. POST-AWARD POSITION TITLE, FIELD, NAME OF ORGANIZATION, CITY, AND STATE			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; padding: 5px;"> Type of Position Student Resident/Clinical Fellow Postdoctoral Researcher Research Scientist (non-faculty) Faculty: Tenure-Track Faculty: Other Clinical Staff/Private Practice Unknown Other: </td> <td style="width:33%; border-right: 1px solid black; padding: 5px;"> Activity Further Education/Training Teaching Research Administration Clinical Practice Unknown Other: </td> <td style="padding: 5px;"> Organization Academic Industry Government Hospital Non-profit Unknown Other: </td> </tr> </table>	Type of Position Student Resident/Clinical Fellow Postdoctoral Researcher Research Scientist (non-faculty) Faculty: Tenure-Track Faculty: Other Clinical Staff/Private Practice Unknown Other:	Activity Further Education/Training Teaching Research Administration Clinical Practice Unknown Other:	Organization Academic Industry Government Hospital Non-profit Unknown Other:	9c. TEL NO.
Type of Position Student Resident/Clinical Fellow Postdoctoral Researcher Research Scientist (non-faculty) Faculty: Tenure-Track Faculty: Other Clinical Staff/Private Practice Unknown Other:	Activity Further Education/Training Teaching Research Administration Clinical Practice Unknown Other:	Organization Academic Industry Government Hospital Non-profit Unknown Other:		

10a. MAILING ADDRESS AFTER TERMINATION OF THIS KIRSCHSTEIN-NRSA SUPPORT (Street, city, state, zip code)	11. OTHER PHS SERVICE OBLIGATION SUPPORT NHSC Scholarship: No of months: Kirschstein-NRSA: No. of months: Period of support: Grant No.: LRP
10b. TEL NO.	
E-MAIL:	

12. SIGNATURE OF FELLOW OR APPOINTEE (See specific instructions)	DATE
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13. Certification of Sponsor or Program Director: that to the best of my knowledge all the above information is correct.

SIGNATURE	DATE	TYPED NAME OF SPONSOR OR PROGRAM DIRECTOR
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14. Business Official's Verification of Items 6 and 7. (Not applicable to individual fellows at Federal or foreign institutions.)

SIGNATURE	DATE	TYPED NAME OF BUSINESS OFFICIAL	TEL:
			FAX:

15. (For Government use only) The information provided in Items 6 and 7 is in agreement with PHS records.

SIGNATURE	DATE	TYPED NAME AND AWARDDING OFFICE
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Privacy Act Statement

The Public Health Service requests this information pursuant to statutory authorities contained in Section 405(a) and 487 of the Public Health Service Act, as amended (42 USC 284(b)(1)C and 288), and other statutory authorities (42 USC 242(a), 280(b)(4), and 29 USC 670). The information collected will facilitate postaward management and evaluation of PHS programs. *Ruth L. Kirschstein National Research Service Awardees agreed to complete and submit this form as part of the Payback Agreement and Activation Notice signed when support started. Information on the period of support and stipend received will be used to verify and establish in the PHS the official record of the fellow's or trainee's payback obligation to the Federal government.* The social security number is requested to provide a reliable identifier that will assist in establishing an accurate and complete record for each individual. It is particularly useful in maintaining effective communication with those individuals who have incurred payback obligations through their participation in the Ruth L. Kirschstein National Research Service Award program. Failure to provide the social security number may seriously diminish PHS's capability to credit the account of the proper trainee who is fulfilling the payback requirement by either acceptable service and/or monetary repayment. Failure to provide the social security number will not be a basis for withholding benefits.

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0036, "Extramural Awards and Chartered Advisory Committees." The Privacy Act of 1974 (5 USC 552a) allows disclosures for "routine uses" and permissible disclosures.

Routine uses include:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter.
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.
 - a. the DHHS, or any component thereof;
 - b. any DHHS employee in his or her official capacity;
 - c. any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
 - d. the United States or any agency thereof, where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
8. A record may also be disclosed for a research purpose, when the DHHS:
 - a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
 - b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to privacy of the individual that additional exposure of the record might bring;
 - c. has secured a written statement attesting to the recipient's understanding of, and willingness to abide by, these provisions; and
 - d. has required the recipient to:
 - (1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;
 - (2) Remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and
 - (3) Make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974 (5 USC 552) and the associated DHHS regulations (45 CFR Part 5).