

# PHS Fellowship Supplemental Form

OMB Number: 0925-0001  
Expiration Date: 10/31/2018

## Introduction

1. Introduction  
(RESUBMISSION)

## Fellowship Applicant Section

2. \* Applicant's Background and Goals  
for Fellowship Training

## Research Training Plan Section

3. \* Specific Aims

4. \* Research Strategy

5. \* Respective Contributions

6. \* Selection of Sponsor and Institution

7. Progress Report Publication List  
(RENEWAL)

8. \* Training in the Responsible Conduct of  
Research

## Sponsor(s), Collaborator(s), and Consultant(s) Section

9. Sponsor and Co-Sponsor Statements

10. Letters of Support from Collaborators,  
Contributors, and Consultants

## Institutional Environment and Commitment to Training Section

11. Description of Institutional Environment  
and Commitment to Training

## Other Research Training Plan Section

### 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

12. Human Subjects Involvement Indefinite?  Yes  No

13. Clinical Trial?  Yes  No

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

15. Protection of Human Subjects

16. Data Safety Monitoring Plan

17. Inclusion of Women and Minorities

18. Inclusion of Children

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## Vertebrate Animals

The following item is taken from the Research & Related Other Project Information form and repeated here for your reference. Any change to this item must be made on the Research & Related Other Project Information form.

Are Vertebrate Animals Used?  Yes  No

19. Vertebrate Animals Use Indefinite?  Yes  No

20. Are vertebrate animals euthanized?  Yes  No

If "Yes" to euthanasia

Is method consistent with American Veterinary Medical Association (AVMA) guidelines?  Yes  No

If "No" to AVMA guidelines, describe method and provide scientific justification

21. Vertebrate Animals

## Other Research Training Plan Information

22. Select Agent Research

23. Resource Sharing Plan

24. Authentication of Key Biological and/or Chemical Resources

## Additional Information Section

### 25. Human Embryonic Stem Cells

\* 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) from the following list: <http://stemcells.nih.gov/research/registry/>. 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):

26. Alternate Phone Number:

27. Degree Sought During Proposed Award:

Degree:

If "other", please indicate degree type:

Expected Completion Date (month/year):

28. \* Field of Training for Current Proposal:

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29. \* Current Or Prior Kirschstein-NRSA Support?  Yes  No

*If yes, identify current and prior Kirschstein-NRSA support below:*

* Level	* Type	Start Date (if known)	End Date (if known)	Grant Number (if known)

30. \* Applications for Concurrent Support  Yes  No

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

31. \* Citizenship:

**U.S.Citizen** U.S. Citizen or Non-Citizen National?  Yes  No

**Non-U.S.Citizen**

With a Permanent U.S. Resident Visa

With a Temporary U.S. Visa

If you are a non-U.S. citizen with a temporary visa who has applied for permanent resident status and expect to hold a permanent resident visa by the earliest possible start date of the award, please also check here.

32.  Change of Sponsoring Institution

Name of Former Institution:

## Budget Section

All Fellowship Applicants:

1. \* Tuition and Fees:  None Requested  Funds Requested:

Year 1	<input style="width: 150px;" type="text"/>
Year 2	<input style="width: 150px;" type="text"/>
Year 3	<input style="width: 150px;" type="text"/>
Year 4	<input style="width: 150px;" type="text"/>
Year 5	<input style="width: 150px;" type="text"/>
Year 6 (when applicable)	<input style="width: 150px;" type="text"/>
<b>Total Funds Requested:</b>	<input style="width: 150px;" type="text"/>

Senior Fellowship Applicants Only:

	Amount	Academic Period	Number of Months
2. Present Institutional Base Salary:	<input style="width: 150px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>
3. Stipends/Salary During First Year of Proposed Fellowship:			
	Amount	Number of Months	
a. Federal Stipend Requested:	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	
	Amount	Number of Months	
b. Supplementation from other sources:	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	
	Type (sabbatical leave, salary, etc.)		
	<input style="width: 250px;" type="text"/>		
	Source		
	<input style="width: 400px;" type="text"/>		

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Appendix