

# PHS Fellowship Supplemental Form

OMB Number: 0925-0001  
Expiration Date: 03/31/2020

## Introduction

1. Introduction to Application  
(for Resubmission applications)

## 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  
(for Renewal applications)

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

### 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

12. 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

13. Vertebrate Animals

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## Other Research Training Plan Information

14. Select Agent Research

15. Resource Sharing Plan

16. Authentication of Key Biological and/or Chemical Resources

## Additional Information Section

17. 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):

18. Alternate Phone Number:

19. Degree Sought During Proposed Award:

Degree:

If "other", indicate degree type:

Expected Completion Date (MM/YYYY):

20. \* Field of Training for Current Proposal:

21. \* 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)

|                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|

22. \* Applications for Concurrent Support  Yes  No

If yes, describe in an attached file:

23. \* 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 applying for an award that requires permanent residency status, and expect to be granted a permanent resident visa by the start date of the award, check here:

24.  Change of Sponsoring Institution

Name of Former Institution:

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## Budget Section

All Fellowship Applicants:

25. \* Tuition and Fees:  None Requested

Funds Requested:

|                                   |                      |
|-----------------------------------|----------------------|
| Year 1                            | <input type="text"/> |
| Year 2                            | <input type="text"/> |
| Year 3                            | <input type="text"/> |
| Year 4                            | <input type="text"/> |
| Year 5                            | <input type="text"/> |
| Year 6 ( <i>when applicable</i> ) | <input type="text"/> |
| <b>Total Funds Requested:</b>     | <input type="text"/> |

Senior Fellowship Applicants Only:

26. Present Institutional Base Salary: 

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Amount               | Academic Period      | Number of Months     |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

27. Stipends/Salary During First Year of Proposed Fellowship:

a. Federal Stipend Requested: 

|                      |                      |
|----------------------|----------------------|
| Amount               | Number of Months     |
| <input type="text"/> | <input type="text"/> |

b. Supplementation from Other Sources: 

|                      |                      |
|----------------------|----------------------|
| Amount               | Number of Months     |
| <input type="text"/> | <input type="text"/> |

Type (e.g., sabbatical leave, salary)

Source

## Appendix

28. Appendix