PHS Fellowship Supplemental Form

OMB Number: 0925-0001
Expiration Date: 12/31/2027

Introduction

1. Introduction to Application (for Resubmission applications) — Add Attachment | Delete Attachment | View Attachment

Candidate Section

2. * Goals, Preparedness, and Potential — Add Attachment | Delete Attachment | View Attachment

Research Training Plan

3. * Training Activities and Timeline — Add Attachment | Delete Attachment | View Attachment
4. * Research Training Project Specific Aims — Add Attachment | Delete Attachment | View Attachment
5. * Research Training Project Strategy — Add Attachment | Delete Attachment | View Attachment
6. Progress Report Publication List (for Renewal applications) — Add Attachment | Delete Attachment | View Attachment
7. * Training in the Responsible Conduct of Research — Add Attachment | Delete Attachment | View Attachment

Commitment to Candidate, Mentoring, and Training Environment

8. Sponsor(s) Commitment — Add Attachment | Delete Attachment | View Attachment
9. Letters of Support from Collaborators, Contributors, and Consultants — Add Attachment | Delete Attachment | View Attachment
10. Description of Candidate's Contribution to Program Goals — Add Attachment | Delete Attachment | View Attachment

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

11. 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

12. Vertebrate Animals — Add Attachment | Delete Attachment | View Attachment

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Other Research Training Plan Information

13. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
14. Resource Sharing Plan		Add Attachment	Delete Attachment	View Attachment
15. Other Plan(s)		Add Attachment	Delete Attachment	View Attachment
16. Authentication of Key Biological and/or Chemical Resources		Add Attachment	Delete Attachment	View Attachment

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: https://grants.nih.gov/stem_cells/registry/current.htm. 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):	
			Reset Entry

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)*	
					Reset Entry

22. * Applications for Concurrent Support ☐ Yes ☐ No

If yes, describe in an attached file: Add Attachment | Delete Attachment | View Attachment

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: ☐

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24. ☐ Change of Sponsoring Institution

Name of Former Institution:

Budget Section

All Fellowship Applicants:

25. * Tuition and Fees: ☐ None Requested ☐ Funds Requested:

Year 1	
Year 2	
Year 3	
Year 4	
Year 5	
Year 6 *(when applicable)*	
Total Funds Requested:	

26. * Childcare Costs: ☐ None Requested ☐ Funds Requested:

Year 1	
Year 2	
Year 3	
Year 4	
Year 5	
Year 6 *(when applicable)*	
Total Funds Requested:	

Senior Fellowship Applicants Only:

27. Present Institutional Base Salary:

Amount	Academic Period	Number of Months	
			Reset Entry

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

a. Federal Stipend Requested:

Amount	Number of Months

b. Supplementation from Other Sources:

Amount	Number of Months

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

Source

Appendix

29. Appendix

Add Attachments | Delete Attachments | View Attachments