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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Kirschstein−NRSA Individual Fellowship Application (To be completed by applicant – follow PHS 416-1 instructions) | | | | | | | | | | | | | | | NAME OF APPLICANT *(Last, first, middle initial)* | | | | | | | | |
| 18. GOALS FOR KIRSCHSTEIN−NRSA FELLOWSHIP TRAINING AND CAREER | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 19. ACTIVITIES PLANNED UNDER THIS AWARD: Approximate percentage of proposed award time in activities identified below. *(See instructions.)* | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **Year** | | | **Research** | | | **Course Work** | | | | | | | | | **Teaching** | | | | **Clinical** | | |
|  | | First | | |  | | |  | | | | | | | | |  | | | |  | | |
|  | | Second | | |  | | |  | | | | | | | | |  | | | |  | | |
|  | | Third | | |  | | |  | | | | | | | | |  | | | |  | | |
| PREDOCTORAL FELLOWSHIPS ONLY | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Fourth | | |  | | |  | | | | | | | | |  | | | |  | | |
|  | | Fifth | | |  | | |  | | | | | | | | |  | | | |  | | |
| MD/PhD FELLOWSHIPS ONLY | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Sixth | | |  | | |  | | | | | | | | |  | | | |  | | |
| Briefly explain activities other than research and relate them to the proposed research training. | | | | | | | | | | | | | | | | | | | | | | | |
| 20. TRAINING SITE(S) Is the Primary Training Site the same as the Sponsoring Institution? | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| If No, provide detailed information below for the Primary Training Site Location | | | | | | | | | | | | | | | | | | | | | | | |
| Organizational Name: | | | | | |  | | | | | | | | | | | | | | | | | |
| DUNS: | | |  | | | | | | | | | | | | | | | | | | | | |
| Street 1: | | |  | | | | | | | | | | | Street 2: | |  | | | | | | | |
| City: |  | | | | | | | | | | | County: | |  | | | | | | State: | | |  |
| Province: | | | |  | | | Country: | | | |  | | | | | | | | Zip/Postal Code: | | | |  |
| Project/Performance Site Congressional Districts: | | | | | | | | | |  | | | | | | | | | | | | | |
| 21. HUMAN EMBRYONIC STEM CELLS | | | | | | | | | No | | | | Yes | | | | | | | | | | |
| **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>. *Use continuation pages as needed.*  If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used. | | | | | | | | | | | | | | | | | | | | | | | |
| Cell Line | | | | | | | | | | | | | | | | | | | | | | | |
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