

NRSA Applications: The Basics

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Ruth L. Kirschstein NRSA




- In 2002, Congress renamed the NRSA as the Ruth L. Kirschstein National Research Service Awards to honor her service to the nation, commitment to future generations of scientists, and for her brilliant career.
- Born in Brooklyn, Dr. Kirschstein was the first female director of an NIH institute (NIGMS) from 1974 to 1993.
- She recently served as Acting Director of the National Institutes of Health.

NRSA Course Objectives

- Provide an overview of the F31 Pre-doctoral and F32 Post-doctoral NRSA application process
- Highlight components of the application
- Summarize responsibilities of the applicant and his/her Sponsor(s)
- Identify areas of application with which the ORR can provide assistance
- Convince you that the NRSA really stands for:

Not Really So Awful



April 2009 will be the final cycle that NRSA applications will be submitted via paper. Beginning August 2009, NRSA's will be transitioned to the electronic submission process. New challenges, but overall EASIER – now that's something to sing about! ☺

NRSA Basics

- Types of NRSA:
 - F31 Pre-doctoral NRSA Fellowship (up to 5 years)
 - F32 Post-doctoral NRSA Fellowship (up to 3 years)
- F31 NRSA
 - Support promising doctoral candidates who have the potential to become productive, independent investigators
 - Propose a research training program and dissertation research
- F32 NRSA
 - Propose a research training program that will enhance fellow's understanding of the health-related sciences and extend his/her potential for a productive research career
- All Applicants must:
 - Propose research that is consistent with the NIH Institute's scientific mission
 - Identify a sponsor for guidance and supervision who is an active investigator in the area of the proposed research
 - Pursue research training on full-time, 40-hour/week basis

Step 1: Identify your NIH Institute

- F31 NRSAs

- NIA, NIAAA, NIDCD, NIDA, NIDCR, NIMH, NINDS, ODS:
<http://grants.nih.gov/grants/guide/pa-files/PA-07-002.html>
- NCCAM
<http://grants.nih.gov/grants/guide/pa-files/PA-07-384.html>
- NINR
<http://grants.nih.gov/grants/guide/pa-files/PA-05-091.html>
- Most NIH Institutes (including NINR) – To Promote Diversity in Health-Related Research
<http://grants.nih.gov/grants/guide/pa-files/PA-07-106.html>

- F32 NRSAs

- Most NIH Institutes (including NINR)
<http://grants.nih.gov/grants/guide/pa-files/PA-07-107.html>
- NCCAM
<http://grants.nih.gov/grants/guide/pa-files/PA-07-319.html>

Step 2: Target the Institute's Scientific Mission and Priority Funding Areas

- Your research topic should be within Institute's scientific mission, strategic plan, and/or priority funding area
- For NINR: Scientific Mission Statement - <http://www.nih.gov/about/almanac/organization/NINR.htm>
- 2006-2010 Strategic Plan – <http://www.ninr.nih.gov/AboutNINR/NINRMissionandStrategicPlan>
- NINR has 4 key areas of research emphasis:
 - promoting health and preventing disease
 - improving quality of life through self-management, symptom management, and caregiving
 - eliminating health disparities
 - taking the lead in end-of-life research

NRSA Application Timing

- 3 Annual Deadlines:
April 8, August 8, December 8
- This April 8, 2009 is final “paper” submission deadline
- August 8, 2009 scheduled to be the first electronic submission deadline
- Typical start date of an NRSA will be 9 months to 1 year after submission (e.g., earliest start date for an NRSA submitted on April 8 is December 1)
- Applications are seldom funded on first attempt; therefore, plan to submit *as early as possible* (for F31s) in doctoral career so there is opportunity for resubmission

NRSA Application Package

- Formerly used the PHS 416 Paper Application Package; will transition to electronic submission by August 8, 2009
- Instructions can be downloaded at:
<http://grants1.nih.gov/grants/funding/416/phs416.htm>
- Form pages can be downloaded as well; can be used as guidance for planning an August 2009 submission, but format will likely change once electronic transition occurs
- Currently has 4 basic sections:
 - Section 1 - Applicant
 - Section 2 - Sponsor's/Co-Sponsor's Information
 - Section 3 - References
 - Section 4 - Appendix


Section 1 - Applicant

Face Page

- Administrative information completed by the online application!
- eRA Commons ID required for application (obtained by ORR) NOTE: this allows applicant to log in and track the status of application, obtain reviewer comments, see score, etc.

Form Approved Through 10/31/08 OMB No. 0925-0002

Department of Health and Human Services Public Health Service		LEAVE BLANK—For PHS use only.	
Ruth L. Kirschstein National Research Service Award Individual Fellowship Application		Type	Activity
<small>Follow instructions carefully. Do not exceed character length restrictions indicated.</small>		Review Group	Formerly
		Meeting Dates	Date Received
1. TITLE OF RESEARCH TRAINING PROPOSAL (Do not exceed 81 characters, including spaces and punctuation.)			
2. LEVEL OF FELLOWSHIP	3. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT <input type="checkbox"/> NO <input type="checkbox"/> YES <small>(If "Yes," state number and title)</small>		
	Number:	Title:	
4a. NAME OF APPLICANT (Last, First, Middle)	4b. ERA COMMONS USER NAME		4c. HIGHEST DEGREE(S)
4d. PRESENT MAILING ADDRESS (Street, City, State, Zip Code)		4e. PERMANENT MAILING ADDRESS (Street, City, State, Zip Code)	
4f. E-MAIL ADDRESS			
TELEPHONES AND FAX (Area code, number and extension)			
4g. OFFICE	4h. HOME	4i. PERMANENT	4j. FAX NUMBER
4k. <input type="checkbox"/> U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL or <input type="checkbox"/> PERMANENT RESIDENT OF U.S.			
5. TRAINING UNDER PROPOSED AWARD (See Fields of Training) Discipline No.: Subcategory Name:		6. PRIOR OR CURRENT NRSA SUPPORT (Individual or Institutional) <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to item 24, Form Page 5)	
7a. DATES OF PROPOSED AWARD From (MM/DD/YY): Through (MM/DD/YY):	7b. PROPOSED AWARD DURATION (in months)	8. DEGREE SOUGHT DURING PROPOSED AWARD Degree: Expected Completion Date:	
9. HUMAN SUBJECTS RESEARCH <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indefinite	9b. Human Subjects Assurance 9c. Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes 9d. NIH-defined Phase III Clinical Trial <input type="checkbox"/> No <input type="checkbox"/> Yes	10. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes	
9a. Research Exempt If "Yes," Exemption No.	<input type="checkbox"/> No <input type="checkbox"/> Yes	10a. If "Yes," IACUC approval Date	10b. Animal Welfare Assurance No.
11. NAME OF SPONSOR (Last, First, Middle Initial)			
12. SPONSORING INSTITUTION Name Address			
13a. ENTITY IDENTIFICATION NO.		13b. ENTITY IDENTIFICATION NO.	
15. APPLICANT CERTIFICATION AND ACCEPTANCE: I agree to comply with the terms and conditions of award statements or claims may subject me to criminal, civil, or Award Assurance, that I will abide by the Assurance if an SIGNATURE OF APPLICANT NAMED IN 4a. (In ink. "Per" signature not acceptable.)			
16. SPONSOR AND SPONSORING INSTITUTION CERTIFICATION AND ACCEPTANCE: I certify that the information provided is complete, and accurate to the best of our knowledge. If the provided, and we accept the obligation to comply with the fraudulent statement or claim may subject us to criminal, civil, or Award Assurance, that I will abide by the Assurance if an SIGNATURE OF SPONSOR NAMED IN 11. (In ink. "Per" signature not acceptable.)			



PHS 416-1 (Rev. 10/05)
Face Page
Form Page 1

Print all forms actual size to meet formatting specifications. Make sure "Page Scaling" is set to None. (Notes displayed in red boxes will not appear on printed form.)

Section 1 - Applicant

Form Page 2

- Research Proposal: Description – a.k.a. “The Abstract”
- For paper submissions, had to fit in box; will now be limited to a maximum number of lines (e.g., 30 lines)
- Succinct description of proposed work, application’s broad, long-term objectives, aims, health relatedness, relevance to NIH institute’s mission

Kirschstein–NRSA Individual Fellowship Application <i>(To be completed by applicant – follow PHS 416-1 instructions)</i>		NAME OF APPLICANT <i>(Last, first, middle initial)</i>
SPONSOR and Co-Sponsor Information		
17. SPONSOR	18. Co-SPONSOR <i>(When applicable)</i>	
17a. NAME AND DEGREE(S)	NAME AND DEGREE(S)	
17b. ERA COMMONS USER NAME	ERA COMMONS USER NAME	
17c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
17d. MAJOR SUBDIVISION		
17e. Address:	Address:	
Telephone:	Telephone:	
Fax:	Fax:	
E-Mail:	E-Mail:	
RESEARCH PROPOSAL		
19. DESCRIPTION: See instructions. State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the mission of the agency). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.		
In addition, in two or three sentences, describe in plain, lay language the relevance of this research to public health. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. DO NOT EXCEED THE SPACE PROVIDED.		

Print all forms actual size to meet formatting specifications. Make sure "Page Scaling" is set to None. (Notes displayed in red boxes will not appear on printed form.)

Section 1 - Applicant

Form Page 3

- Goals for training and career (can continue on additional pages; no limit)
 - Describe career goals, explain how the training proposed will enable you to reach these goals, identify skills, theories, conceptual approaches to be learned or enhanced during award
 - Detailed listing of courses to be taken should be provided here
- Amount of time spent on research vs. course work

Kirschstein-NRSA Individual Fellowship Application <i>(To be completed by applicant – follow PHS 416-1 instructions)</i>		NAME OF APPLICANT <i>(Last, first, middle initial)</i>		
20. GOALS FOR KIRSCHSTEIN-NRSA FELLOWSHIP TRAINING AND CAREER				
21. ACTIVITIES PLANNED UNDER THIS AWARD: Approximate percentage of proposed award time in activities identified below. <i>(See instructions.)</i>				
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.				
22. TRAINING SITE(S) <i>(organization, city, state)</i>				
23. HUMAN EMBRYONIC STEM CELLS <input type="checkbox"/> No <input type="checkbox"/> 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: http://stemcells.nih.gov/registry/index.asp . 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				

Sample Listing of Courses to be Taken (Courtesy of Kelli Hall)

Didactic Plan				
Year	Term	Course (Credits)	Nursing	Other
First Doctoral Year (Completed)	Fall 2006	N9205 Analysis of Health Policy (4) N9600 Legal and Ethical Issues (3) N9001 Social/Intellectual Foundations (3)	X X X	
	Spring 2007	N9350 Concept Development (3) N9300 Quantitative Methods (3) P6103 Biostatistics (3)	X X	X
	Summer 2007	N9505 Research Practicum (2)	X	X
Second Doctoral Year (Completed)	Fall 2007	N9354 Measurement (3) N9910 Applied Linear Regression (3) N9510 Phase II Guided Study in Research (3)	X X	X X
	Spring 2008	N9301 Qualitative Methods (3) N9510 Phase III Guided Study in Research (2) N9506 Research Synthesis (3) P8605 Reproductive Issues in Public Health (1.5)	X X X	X X
	Fall 2008	N9260 Interdisciplinary Research Methods (3) N9265 Interdisciplinary Research Seminar (1) N9510 Phase IV Guided Study in Research (1)	X X	X X X
Third Doctoral Year (In Progress)	Spring 2009	Comprehensive Examinations N9990 Dissertation Seminar (2) N9820 Dissertation Credits (4) P8438 Epidemiology II (3) OR P8120 Categorical Analysis (3)	X X	X X
	Summer 2009	Defense of Dissertation Proposal N9820 Dissertation Credits (4) HBSV4011 Women & Weight/Eating problems/Body Image (3)	X	X
	Fall 2009	N9820 Dissertation Credits (4) P8616 Adolescent Health: Public Health Perspective (3) P8615 Current Issues in Sexual Health (3)	X	X X
Fourth Doctoral Year	Spring 2010	N9820 Dissertation Credits (4) HUDK4023 Adolescent Developmental Psychology (3) P8408 Women's Health Promotion: Epidemiology and Public Policy (3)	X	X X
	Summer 2010	Dissertation Defense; Degree Conferral (total credits: 80.5)		
(Anticipated Cessation of Fellowship Funding)				

Section 1 - Applicant

Form Page 4

Table of Contents

- Table of Contents is created for you by the online application!

Kirschstein-NRSA Individual Fellowship Application Table of Contents		NAME OF APPLICANT (Last, first, middle initial)
		Page Numbers <i>(Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 6a, 6b.)</i>
Section 1 — Applicant		
Face Page		1
Sponsor's Contact Information, Description (Form Page 2)		2
Training & Career Goals, Activities Planned Under This Award, Training Site, Human Embryonic Stem Cells (Form Page 3)		3
Table of Contents (Form Page 4)		
Biographical Sketch – Applicant/Fellow (Not to exceed four pages)		
Previous Research Experience (Form Page 5)		
Research Training Plan		
Introduction to Revised Application (not to exceed 1 page)		
A. Specific Aims	} (Not to exceed 10 pages)	
B. Background/Significance		
C. Preliminary Studies/Progress Report		
D. Research Design and Methods		
E. Human Subjects (Required if Item 9 on the Face Page is marked "Yes")		
Protection of Human Subjects (Required if Item 9 on the Face Page is marked "Yes")		
Data and Safety Monitoring Plan (Required if Item 9 on the Face Page is marked "Yes" and a Phase I, II, or III clinical trial is proposed)		
Inclusion of Women and Minorities (Required if Item 9 on the Face Page is marked "Yes" and is Clinical Research)		
Targeted/Planned Enrollment Table (for new and continuing clinical research studies)		
Inclusion of Children (Required if Item 9 on the Face Page is marked "Yes")		
F. Vertebrate Animals (Required if Item 9 on the Face Page is marked "Yes")		
G. Literature Cited		
H. Resource Sharing		
I. Respective Contributions		
J. Selection of Sponsor and Institution		
K. Responsible Conduct of Research		
Section 2 — Sponsor/Co-Sponsor's		
Biographical Sketch--Sponsor		
Research Support Available		
Previous Trainees		
Training Plan, Environment, Research Facilities		
Number of Fellows/Trainees to be Supervised		
Applicant's Qualifications and Potential		
Checklist (Completed by Fellow/Applicant & Sponsor)		
Section 3 — References (Minimum of 3)		
<i>(See instructions for submission of references)</i>		
List full name, institution, and department of individual		
Other Items (list):		
Personal Data Page for Fellowship Applicants		
Section 4 — Appendix		
<i>(5 collated sets. No page numbering necessary)</i>		
<input type="checkbox"/> Check if Appendix is included		

Farewell!



Print all forms actual size to meet formatting specifications. Make sure "Page Scaling" is set to None. (Notes displayed in red boxes will not appear on printed form.)

Section 1 - Applicant

Applicant Biosketch Page

- Education
- Positions and Honors
- Publications
- Previous courses and grades
- 4-page limit

Name of Applicant (Last, first, middle): _____

APPLICANT/FELLOW BIOGRAPHICAL SKETCH

USE ONLY FOR INDIVIDUAL PREDOCTORAL and POSTDOCTORAL FELLOWSHIPS. DO NOT EXCEED FOUR PAGES.

NAME OF APPLICANT/FELLOW	POSITION TITLE
eRA COMMONS USER NAME	

EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

A. Positions and Honors

ACTIVITY/OCCUPATION	BEGINNING DATE (mm/yy)	ENDING DATE (mm/yy)	FIELD	INSTITUTION/COMPANY	SUPERVISOR/ EMPLOYER

Academic and Professional Honors

B. Publications

C. Scholastic Performance

SCIENCE			OTHER		
YEAR	COURSE TITLE	GRADE	YEAR	COURSE TITLE	GRADE

Section 1 - Applicant

Form Page 5

Previous Research Experience

- Prior NRSA support (if applicable)
- Doctoral Dissertation and Other Research Experience (limited to 2 pages)
 - Summarize your research experience, including areas studies and conclusions. If no research experience, list other scientific experience
- F32: Dissertation Title, Advisor, Institution

Kirschstein-NRSA Individual Fellowship Application Previous Research Experience <i>(To be completed by applicant -- follow PHS 416-1 instructions.)</i>		NAME OF APPLICANT (Last, first, middle initial)
24. PRIOR AND CURRENT KIRSCHSTEIN-NRSA SUPPORT. List type (individual and/or institutional), level (predoctoral or postdoctoral), dates, and grant or award numbers.		
25. APPLICATION(S) FOR CONCURRENT SUPPORT <input type="checkbox"/> NO <input type="checkbox"/> YES Using format below, list all support (training, research, supplies, travel, etc.) applied for that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.		
Type:		Dates:
Source:		Amount:
Type:		Dates:
Source:		Amount:
Type:		Dates:
Source:		Amount:
26a. TITLE(S) OF THESIS/DISSERTATION(S) (Predoctoral and Senior Fellowships omit this section.)		
26b. NAME OF DISSERTATION ADVISOR OR CHIEF OF SERVICE <i>(If reference report not included, explain why not.)</i>		TITLE, DEPARTMENT, AND INSTITUTION
27. DOCTORAL DISSERTATION AND OTHER RESEARCH EXPERIENCE <i>(See Instructions -- particularly Predoctoral and Senior Fellowships should follow special instructions for this section. Use continuation pages. Do not exceed two pages.)</i>		

Section 1 - Applicant

Research Training Plan

- Electronic submission will use blank page with ½" margins and Arial 11 font
 - A. Specific Aims
 - B. Background/Significance
 - C. Preliminary Studies
 - D. Research Design
- ***Sections A-D are limited to 10 pages***
- Other required sections (no page limit):
 - E. Human Subjects
 - F. Vertebrate Animals
 - G. Literature Cited
 - H. Resource Sharing
 - I. Respective Contributions
 - J. Selection of Sponsor and Institution
 - K. Responsible Conduct of Research

[Click for More Info on This Form](#)

Name of Applicant (Last, First, Middle):

Section 1 – Applicant

Personal Data Form

- This administrative information is now built into the electronic application

Personal Data on Kirschstein–NRSA Individual Fellowship Applicant	NAME OF APPLICANT (<i>Last, first, middle initial</i>)
<i>Clip this form to the signed original of the application after the checklist. Do not duplicate.</i>	

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed applicant.

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 05-0036, "Grants: IMPAC (Grant/Contact Information)." The PHS requests the last four digits of the Social Security Number for accurate identification, referral, and review of applications and for management of PHS grant programs. Although provision of this portion of the Social Security Number is voluntary, providing this information may improve both the accuracy and speed of processing the application. Please be aware that no individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose this section of the Social Security Number. The PHS requests the last four digits of the Social Security Number under sections 3011e) and 487 of the PHS Acts as amended (42 U.S.C. 241a and U.S.C. 288). All analyses conducted on the date of birth, gender, race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (MM/YY)	SEX/GENDER
SOCIAL SECURITY NUMBER (last 4 digits only) XX-XX-	<input type="checkbox"/> Female <input type="checkbox"/> Male

ETHNICITY

1. Do you consider yourself
- Hispanic or Latino** of origin, regardless
 - Hispanic or Latino**
 - Not Hispanic or Latino**

RACE

2. What race do you consider yourself
- American Indian or Alaska Native**
 - Asian**. A person of Chinese, Japanese, Korean, Indian subcontinent, Filipino, or other Asian origin, including those of Hawaiian Islands, Thailand, and other Pacific Islands, as reported in previous data collection.
 - Black or African American**. A person of "Haitian" or "Negro" race.
 - Native Hawaiian or Other Pacific Islander**. A person of Samoan, or other Pacific Islander origin.
 - White**. A person having no other race.
 - Check here if you do not identify with any of the above categories.



Section 2 – Sponsor/ Co-Sponsor

- Sponsor Biosketch
- Co-Sponsor Biosketch (if applicable)
- Applicant requests from Sponsor; ORR can help with formatting if needed

Name of Applicant (Last, first, middle): _____

SPONSOR/CO-SPONSOR BIOGRAPHICAL SKETCH

Provide the following information for the sponsor (co-sponsor). DO NOT EXCEED FOUR PAGES.

NAME OF SPONSOR (CO-SPONSOR)		POSITION TITLE	
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

Section 2 – Sponsor/ Co-Sponsor

- The remaining sections for the Sponsor/Co-Sponsor are on blank pages with ½" margins and Arial 11 font for electronic submission
- No Page Limitation
- Administrative information provided by Sponsor/Co-Sponsor includes:
 - Research Support Available to the Fellow through the Sponsor/Co-Sponsor
 - Information on Previous Fellows
 - Number of Fellows to be Supervised

[Click for More Info on This Form](#)

Name of Applicant (Last, First, Middle):

Section 2 – Sponsor/ Co-Sponsor

Additionally, Sponsor describes:

- Training Plan for applicant
- Environment
- Research Facilities
 - ORR can assist with providing “boiler plate” information on CUSON environment and CUMC facilities
- Applicant’s Qualifications and Potential for a Research Career
- If a Co-Sponsor is listed, a Letter of Support is required here (not required for Sponsor)

[Click for More Info on This Form](#)

Name of Applicant (Last, First, Middle):

Section 2 – Sponsor/ Co-Sponsor

Checklist Form Page

- This is where the “budget” used to be requested; will now be done in electronic interface
- The total actual cost for the fellow to complete the program (in tuition and fees) is provided in the budget
- If funded, actual budget provided is formula driven

Kirschstein–NRSA Individual Fellowship Application Checklist <i>Applicant completes Section 1.</i>	NAME OF APPLICANT (Last, first, middle initial)						
Section 1 – Applicant							
A. TYPE OF APPLICATION							
<input type="checkbox"/>	NEW application (This application is being submitted to the PHS for the first time.)						
<input type="checkbox"/>	REVISION of application number _____ (This application replaces a prior unfunded version of a new or competing continuation application.)						
<input type="checkbox"/>	COMPETING CONTINUATION of award number _____ (This application is to extend a funded award beyond its current award period.)						
<input type="checkbox"/>	CHANGE of Sponsoring Institution Name of former institution: _____						
B. ASSURANCES/CERTIFICATIONS							
<p>The following assurances/certifications are made and verified by your signature in lines 15 on the Face Page of the application.</p> <p>• Debarment and Suspension • Delinquent Federal Debt • Drug-Free Workplace (Applicable only to new or revised applications being submitted to the PHS for the first proposed project period-- Type 1.) Descriptions of individual certifications are included in Part III, Policies, Assurances, Definitions, and Other Information, of the application instructions. If unable to certify compliance, provide an explanation and place it after this page. Use a Continuation Page.</p>							
C. KIRSCHSTEIN–NRSA SENIOR FELLOWSHIP APPLICANTS ONLY							
1.	PRESENT INSTITUTIONAL BASE SALARY						
Amount	Academic period Number of months						

2.	STIPEND/SALARY DURING FIRST YEAR OF PROPOSED FELLOWSHIP						
a.	Stipend requested from PHS						
Amount	Number of months						

b.	Supplementation from other sources						
Amount	Number of months	Type (sabbatical leave, salary, etc.)	Source				

D. TUITION and FEES							
<p>Predoctoral applicants should list tuition and fees for courses planned described under Section D. Research fellowships is now paid as part of _____</p> <p><input type="checkbox"/> None Requested</p> <p>Funds Requested:</p> <table border="1"> <tr> <td>Year – 01</td> <td>Y</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>				Year – 01	Y		
Year – 01	Y						
Section II – Sponsoring Institution							
ASSURANCES/CERTIFICATIONS							
<p>In signing the application Face Page, representative agrees to comply with and/or certifications when applicable, assurances/certifications are provided. Definitions, and Other Information. If applicable, provide an explanation at _____</p> <p>• Human Subjects Research • Research on Transplantation • Research on Minority Inclusion Policy • Inclusion of _____</p>							
PHS 416-1 (Rev. 10/05) Page ____ Checklist Form Page							

Goodbye...



Print all forms actual size to meet formatting specifications. Make sure "Page Scaling" is set to None. (Notes displayed in red boxes will not appear on printed form.)

NRSA F31 Pre-doc Budget

- Requested budget is calculated based on:
 - planned project period (e.g., 12/1/09-5/31/11)
 - planned courses (tuition calculated by anticipated # of credits to be taken using a per credit rate anticipated in future years)
 - anticipated graduation date
- Can be requested for up to 5 years of support
- Is “Formula Driven” and includes:
 - Stipend
 - Tuition
 - Institutional Allowance
- Is based upon the current NIH NRSA Policy:
<http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-06-093.html>

NRSA F31 Pre-doc Budget

- **Current Stipend = \$20,772 annually**
 - Full-time training required, typically 40 hours/week
 - Can additionally work part-time (e.g., teaching or lab assistant, on a different NIH funded project) in a research area outside the NRSA focus
 - Once degree is obtained, fellowship terminated NOTE: Any unused funds must be returned to agency!
 - Stipend is pro-rated by the day; if graduate 2 weeks prior to grant end date, you will be required to pay back 2 weeks of stipend to agency
- **Tuition and Fees = 60% of actual cost up to a maximum of \$16,000 annually** (dual degree programs allow up to \$21,000)
- **Institutional Allowance = \$4,200 annually** (optional health insurance costs [~ \$3,000] come out of this category)
 - Remaining funds can be used for travel to professional meetings, research supplies, equipment, etc. to support the project

NRSA F32 Post-doc Budget

- Requested budget is calculated based on:
 - planned project period (e.g., 12/1/09-5/31/11)
 - planned courses (tuition calculated by anticipated # of credits to be taken using a per credit rate anticipated in future years)
- Can be requested for up to 3 years of support
- Is "Formula Driven" and includes:
 - Stipend
 - Tuition
 - Institutional Allowance
- Is based upon the current NIH NRSA Policy:
<http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-06-093.html>

NRSA F32 Post-doc Budget

- **Current Stipend Range = \$36,996 - \$51,036 annually**
 - Stipend depends on years of experience since receiving doctoral degree
 - Stipend increased annually as more experience gained through NRSA
 - Full-time training required, typically 40 hours/week
 - Can additionally work part-time (e.g., teaching or lab assistant, on a different NIH funded project) in a research area outside the NRSA focus
- **Tuition and Fees = 60% of actual cost up to a maximum of \$4,500 annually** (if pursuing additional degree, up to \$21,000)
- **Institutional Allowance = \$7,850 annually** (optional health insurance costs [\sim \$3,000] come out of this category)
 - Remaining funds can be used for travel to professional meetings, research supplies, equipment, etc. to support the project

Section 3 – References

- 3 sealed reference must be submitted with application
- Cannot include Sponsor or Co-Sponsor
- When possible, use 1 reference from someone outside your department

Form Approved Through 10/31/08		OMB No. 0925-0002
Department of Health and Human Services Public Health Service		(Applicant completes this block.) NAME OF APPLICANT (Last, first, middle initial)
Reference Ruth L. Kirschstein National Research Service Award Individual Fellowship		PROPOSED SPONSORING INSTITUTION
Compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores. Mark every block; insert "X" if insufficient knowledge to rate and "NA" if not applicable.		
1 - Outstanding -- comparable to the best individual in a current class or research laboratory (upper 5%) 2 - Excellent -- upper 6 to 20% 3 - Very Good (Above Average) -- upper 21 to 40%		
4 - Good (Average) -- middle 41 to 60% 5 - Fair (Below Average) -- lower 40%		
Use black ink.		
<input type="checkbox"/> Research Ability and Potential		<input type="checkbox"/> Originality
<input type="checkbox"/> Written and Verbal Communications		<input type="checkbox"/> Accuracy
<input type="checkbox"/> Perseverance in Pursuing Goals		<input type="checkbox"/> Scientific Background
<input type="checkbox"/> Self-Reliance and Independence		<input type="checkbox"/> Familiarity with Research Literature
<input type="checkbox"/> Clinical Proficiency, if relevant		<input type="checkbox"/> Ability to Organize Scientific Data
<input type="checkbox"/> Laboratory Skills and Techniques, if relevant		
Describe your association with the applicant. Comment on the above items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career. (Use continuation pages as necessary.)		
DATES ASSOCIATED WITH APPLICANT		CAPACITY AT THAT TIME (Teacher, dissertation advisor, supervisor, or other) (Use continuation pages as necessary.)
RESPONDENT (Name, title, department, and institution)		
TELEPHONE NUMBER	SIGNATURE	DATE
PHS 416-1 (Rev. 10/05)		Reference Page
Print all forms actual size to meet formatting specifications. Make sure "Page Scaling" is set to None. (Notes displayed in red boxes will not appear on printed form.)		

Section 4 - Appendix

Should include:

- Up to 3 publications – can be published, in press, accepted for publication, or even in preparation
- Other allowable documents: surveys, questionnaires, data collection instruments, clinical protocols, and informed consent
- Documents uploaded into electronic interface

How can the ORR help?

- Usher the application through the CUMC administrative process
- Serve as liaison to the Sponsored Projects Administration office
- Initiate the electronic submission in InfoEd, complete the administrative pieces, upload all file attachments, and “build” the final document
- Provide Resources and Environment “boiler plate” text
- Can provide example applications (e.g., Kelli Hall, score = 133)
- Assist with formatting, pagination, tables, figures, editing
- Double-checking completeness of application

Questions or Comments?

- Kristine M. Kulage, MA
Director, Office of Research Resources
School of Nursing, Room 341
212-305-5495
kk729@columbia.edu



At ease, potential fellows!
A reminder to relax, learn
from the process, and
enjoy the experience –
the ORR is here to help!