

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, when she served as director of the National Institute of General Medical Sciences (NIGMS) from 1974 to 1993.
- She is currently the Deputy Director at the National Institutes of Health, is a member of the Institute of Medicine, and a fellow of the American Academy of Arts and Sciences.

NRSA Course Objectives

- Provide an overview of the F31 NRSA application package
- Highlight structural components of the application package
- Summarize responsibilities of the student 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

NIH Grant Room on Deadline Date



Unfortunately, NRSA applications are one of the few NIH mechanisms which has not transitioned to the electronic submission process...

F31 NRSA Predoctoral Fellowship Basics

- Discussion relative to the F31 *Predoctoral* NRSA submitted to the National Institute of Nursing Research (NINR)
- Current NINR Program Announcement for F31:
<http://grants.nih.gov/grants/guide/pa-files/PA-05-091.html>
- F31 NRSA Purpose:
 - Support promising nursing applicants enrolled in doctoral programs
 - Increase the number of doctorally-prepared nurses
- Applicants must:
 - Propose a research training program and dissertation research consistent with NINR 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

NINR Scientific Mission and Strategic Plan

- NINR Scientific Mission Statement - <http://www.nih.gov/about/almanac/organization/NINR.htm>
- NINR Strategic Plan for 2006-2010 identified 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
- 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 early enough in doctoral career so there is opportunity for resubmission

NRSA Application Package

- Uses the PHS 416 Paper Application Package (10/2005 revision)
- Complete instructions and form pages can be downloaded at: <http://grants1.nih.gov/grants/funding/416/phs416.htm>
- Must use proper Form Pages (w/headers and footers)
- 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; can be completed by ORR
 - eRA Commons ID required for applicant (obtained by ORR)
NOTE: this allows you to log in and track the status of your application, obtain reviewer comments, see score, etc.
 - Original signatures of applicant, sponsor, and Research Administration (RA) Project Officer required

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)		6. PRIOR AND/OR CURRENT NRSA SUPPORT <small>(Individual or Institutional)</small>	
Discipline No.: Subcategory Name:		<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to item 24, Form Page 5)	
7a. DATES OF PROPOSED AWARD	7b. PROPOSED AWARD DURATION	8. DEGREE SOUGHT DURING PROPOSED AWARD	
From (MM/DD/YY): Through (MM/DD/YY):	(in months)	Degree:	Expected Completion Date:
9. HUMAN SUBJECTS RESEARCH	9b. Human Subjects Assurance No.		10. VERTEBRATE ANIMALS <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Indefinite	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	10a. If "Yes," IACUC approval Date
9a. Research Exempt If "Yes," Exemption No.	<input type="checkbox"/> No <input type="checkbox"/> Yes		10b. Animal Welfare Assurance No.
11. NAME OF SPONSOR (Last, First, Middle Initial)		14. OFFICIAL SIGNING FOR SPONSORING INSTITUTION	
12. SPONSORING INSTITUTION		Name	
Name		Title	
Address		Address	
13a. ENTITY IDENTIFICATION NO.	13b. DUNS NO.	Tel:	Fax:
		E-Mail:	
15. APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I certify that I have read the Ruth L. Kirschstein National Research Service Award Assurance, that I will abide by the Assurance if an award is made, and that the award will not support residency training.			
SIGNATURE OF APPLICANT NAMED IN 4a. <small>(In ink. "Per" signature not acceptable.)</small>			DATE
16. SPONSOR AND SPONSORING INSTITUTION CERTIFICATION AND ACCEPTANCE: We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.			
SIGNATURE OF SPONSOR NAMED IN 11. <small>(In ink. "Per" signature not acceptable.)</small>		DATE	SIGNATURE OF OFFICIAL NAMED IN 14. <small>(In ink. "Per" signature not acceptable.)</small>
			DATE

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
 - Administrative information – sponsor and co-sponsor
 - Research Proposal: 19. Description – a.k.a. “The Abstract”; must fit in box
 - Succinct description of proposed work, application’s broad, long-term objectives, aims, health relatedness, relevance to NINR 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		
<p>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.</p> <p>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.</p>		

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
 - 10. Goals for training and career (can continue on another page)
 - 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
 - Administrative information

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				

Section 1 - Applicant

- Form Page 4 – Table of Contents Page
 - Use this as the guide for entire application
 - Serves as a double-check that a section hasn't been left out
 - Provides page limitations

Kirschstein–NRSA Individual Fellowship Application Table of Contents		NAME OF APPLICANT (Last, first, middle initial)
		Page Numbers <small>(Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 6a, 6b.)</small>
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 10 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's/Co-Sponsor's Information		
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 & Sponsoring Institution)		
Section 3 — References (Minimum of 3) <small>(See instructions for submission of references.)</small>		
List full name, institution, and department of individuals submitting reference letters.		
Other Items (list): Personal Data Page for Fellowship Applicants		
Section 4 — Appendix <small>(5 collated sets. No page numbering necessary. Not to exceed 3 publications; 2 for predoctoral candidates.)</small>		
<input type="checkbox"/> Check if Appendix is included		

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
 - Prior NRSA support (if applicable)
 - 17. 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

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 (See Instructions -- particularly Predoctoral and Senior Fellowships should follow special instructions for this section. Use continuation pages. Do not exceed two pages.)	

Section 1 - Applicant

- Research Training Plan
 - Use Continuation Page
 - 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 2 – Sponsor/ Co-Sponsor

- Sponsor Biosketch
- Co-Sponsor Biosketch (if applicable)
- Fellow 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 Continuation Pages
- No Page Limitation
- Administrative information
 - Research Support Available to the Trainee through the Sponsor/Co-Sponsor
 - Information on Previous Trainees
 - Number of Fellows to be Supervised

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

Name of Applicant (Last, First, Middle):

Section 2 – Sponsor/ Co-Sponsor

Sponsor describes:

- Training Plan
- 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” is requested
- We list what the total actual cost would be for the trainee to complete the program (in tuition and fees)
- 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)
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Section 1 – Applicant

A. TYPE OF APPLICATION

- NEW application (This application is being submitted to the PHS for the first time.)
- REVISION of application number _____
(This application replaces a prior unfunded version of a new or competing continuation application.)
- COMPETING CONTINUATION of award number _____
(This application is to extend a funded award beyond its current award period.)
- CHANGE of Sponsoring Institution Name of former Institution: _____

B. ASSURANCES/CERTIFICATIONS

The following assurances/certifications are made and verified by your signature in Item 15 on the Face Page of the application.
 • 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.

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

Predoctoral applicants should list estimated combined costs of tuition and fees. Postdoctoral applicants should list the estimated costs for the tuition and fees for courses planned that support the research training experience. For postdoctoral applicants, those courses should be described under Section D, Research Design and Methods of the Research Training Plan. Health insurance for predoctoral and postdoctoral fellowships is now paid as part of the institutional allowance. Senior Fellowship applicants should omit this section.

None Requested

Funds Requested:

Year – 01	Year – 02	Year – 03	Year – 04	Year – 05	Year – 06 (when applicable)
_____	_____	_____	_____	_____	_____

Section II – Sponsoring Institution

ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III, Policies, Assurances, Definitions, and Other Information. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects Research •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy •Vertebrate Animals •

•Debarment and Suspension •Drug-Free Workplace (applicable to new [Type 1] or revised [Type 1] applications only) •Non-Delinquency on Federal Debt •Research Misconduct •Civil Rights (Form HHS 441 or HHS 690) •Handicapped Individuals (Form HHS 641 or HHS 690) •Sex Discrimination (Form HHS 639-A or HHS 690) •Age Discrimination (Form HHS 680 or HHS 690) •Recombinant DNA Research, Including Human Gene Transfer Research •Financial Conflict of Interest (except Phase I SBIR/STTR) •Smoke Free Workplace •Prohibited Research •Select Agents and Toxins

NRSA Budget

- Is calculated based upon:
 - planned project period (e.g., 12/1/08-5/31/10)
 - 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
 - Trainee-Related Expenses
- Is based upon the current NIH NRSA Policy:
<http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-06-093.html>

NRSA 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 NINR!
 - 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 NINR
- **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** (health insurance costs [\$3,020] 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 Reference Ruth L. Kirschstein National Research Service Award Individual Fellowship		(Applicant completes this block.) NAME OF APPLICANT (Last, first, middle initial) <hr/> 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"/> Written and Verbal Communications <input type="checkbox"/> Perseverance in Pursuing Goals <input type="checkbox"/> Self-Reliance and Independence <input type="checkbox"/> Clinical Proficiency, if relevant <input type="checkbox"/> Laboratory Skills and Techniques, if relevant		<input type="checkbox"/> Originality <input type="checkbox"/> Accuracy <input type="checkbox"/> Scientific Background <input type="checkbox"/> Familiarity with Research Literature <input type="checkbox"/> Ability to Organize Scientific Data
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:

- Your 2 most significant publications
- Can include articles published, in press, accepted for publication, or even in preparation
- Other allowable documents: surveys, questionnaires, data collection instruments, clinical protocols, and informed consent
- 5 collated sets mailed with application

How can the ORR help?

- Usher the application through the CUMC administrative process
- Serve as liaison to the Research Administration office
- Provide Resources and Environment “boiler plate” text
- Assist with formatting, pagination, tables, figures, editing
- Double-checking completeness of application
- Copying, packaging, and fedexing

Questions or Comments?

- Kristine M. Kulage, MA
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