

Department of Health and Human Services Public Health Service Ruth L. Kirschstein National Research Service Award Individual Fellowship Progress Report <i>Follow instructions carefully</i>		Review Group	Type	Activity	Fellowship Number
		Total Project Period From: _____ Through: _____			
		Requested Budget Period From: _____ Through: _____			
1. TITLE OF RESEARCH TRAINING PROPOSAL					
2a. FELLOW (Name and address, street, city, state, zip code)			2b. FELLOW'S E-MAIL ADDRESS		
			2c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
			2d. MAJOR SUBDIVISION		
3a. NAME OF SPONSOR			3b. SPONSOR'S E-MAIL ADDRESS		
4. SPONSORING INSTITUTION (<i>Name and address, street, city, state, zip code</i>)			6a. TITLE AND ADDRESS OF OFFICIAL IN SPONSORING INSTITUTION BUSINESS OFFICE		
5. ENTITY IDENTIFICATION NO.			6b. E-MAIL ADDRESS:		
7. HUMAN SUBJECTS NO YES			9. TRAINING SITE(S) (<i>Organizations and addresses</i>)		
7a. Research Exempt NO YES	If Exempt ("Yes" in 7a): Exemption No.		Organizational Name:		
	If Not Exempt ("No" in 7a): IRB approval date		DUNS:		
7b. Federalwide Assurance No.			Street 1:		
7c. NIH Defined Phase III Clinical Trial NO YES			Street 2:		
8. VERTEBRATE ANIMALS NO YES			City:	County:	
8a. If "Yes," IACUC approval date		8b. Animal welfare assurance no.		State:	Province:
				Country:	Zip/Postal Code:
10. NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT ORGANIZATION (<i>Item 13</i>)			Congressional Districts:		
NAME			11. FELLOW'S TELEPHONE INFORMATION		
TITLE			OFFICE		
TEL		FAX		FAX	
E-MAIL			HOME		
12. CORRECTIONS (Items 1 - 6)					
13. APPLICANT ORGANIZATION 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 Public Health Service terms and conditions if a grant is awarded as a result of this report. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.					
SIGNATURE OF OFFICIAL NAMED IN 10. (<i>In ink. "Per" signature not acceptable.</i>)					DATE

Program Director/Principal Investigator (Last, First, Middle):

Use only if additional space is needed to list additional project/performance sites.

Additional Project/Performance Site Location			
Organizational Name:			
DUNS:			
Street 1:		Street 2:	
City:		County:	State:
Province:	Country:		Zip/Postal Code:
Project/Performance Site Congressional Districts:			

Additional Project/Performance Site Location			
Organizational Name:			
DUNS:			
Street 1:		Street 2:	
City:		County:	State:
Province:	Country:		Zip/Postal Code:
Project/Performance Site Congressional Districts:			

Additional Project/Performance Site Location			
Organizational Name:			
DUNS:			
Street 1:		Street 2:	
City:		County:	State:
Province:	Country:		Zip/Postal Code:
Project/Performance Site Congressional Districts:			

Additional Project/Performance Site Location			
Organizational Name:			
DUNS:			
Street 1:		Street 2:	
City:		County:	State:
Province:	Country:		Zip/Postal Code:
Project/Performance Site Congressional Districts:			

Additional Project/Performance Site Location			
Organizational Name:			
DUNS:			
Street 1:		Street 2:	
City:		County:	State:
Province:	Country:		Zip/Postal Code:
Project/Performance Site Congressional Districts:			

<p>Ruth L. Kirschstein National Research Service Award Individual Fellowship Progress Report for Continuation Support</p>	<p>FELLOWSHIP NUMBER</p>
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14a. PERMANENT MAILING ADDRESS OF FELLOW (*Street, city, state, zip code*)

14b. PERMANENT PHONE NUMBER

15. Human subjects, vertebrate animals, select agents and human embryonic stem cells (see instructions)
- A. Human Subjects (Complete Item 7 on the Face Page)
 - Use of Human Subjects Change No Change Since Previous Submission
 - B. Vertebrate Animals (Complete Item 8 on the Face Page)
 - Use of Vertebrate Animals Change No Change Since Previous Submission
 - C. Select Agents (There is no item required on Face Page for Select Agents)
 - Use of Select Agents Change No Change Since Previous Submission
 - D. Human Embryonic Stem Cells (There is no item required on Face Page for Human Embryonic Stem Cells)
 - Human Embryonic Stem Cell Line(s) Used Change No Change Since Previous Submission

WOMEN AND MINORITY INCLUSION IN CLINICAL RESEARCH
See SF424 (R&R) Fellowship Application Guide Instructions. Use Inclusion Enrollment Report Format Page and, if necessary, Targeted/Planned Enrollment Format Page.

16. SUMMARY OF ACTIVITIES (Use continuation pages. Do not exceed 3 pages.)

- A. CHANGES
Since submission of the last application/progress report, have any significant changes occurred in the training program, particularly the research project, academic status, or time distribution of activities (i.e., percentage of time devoted to research project, course work, teaching, etc.)? If so, explain.
- B. PROGRESS
Describe concisely the research performed and research training obtained, including instruction in the responsible conduct of research, during the past year. List all courses and publications.
Complete the Inclusion Enrollment Report Format Page and Targeted/Planned Enrollment Format Page, if applicable.
- C. RESEARCH TRAINING PLANS
Describe concisely the research and research training planned for the requested budget period, including any course work.

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

Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

Study Title: _____
Total Enrollment: _____ **Protocol Number:** _____
Grant Number: _____

PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative) by Ethnicity and Race				
Ethnic Category	Females	Males	Sex/Gender Unknown or Not Reported	Total
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (individuals not reporting ethnicity)				
Ethnic Category: Total of All Subjects*				*
Racial Categories				
American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of All Subjects*				*
PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)				
Racial Categories	Females	Males	Sex/Gender Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or Not Reported				
Racial Categories: Total of Hispanics or Latinos**				**

* These totals must agree.
 ** These totals must agree.

Name of Applicant (Last, first, middle):

Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

Study Title:

Total Planned Enrollment:

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Females	Males	Total
Hispanic or Latino			
Not Hispanic or Latino			
Ethnic Category: Total of All Subjects *			
Racial Categories			
American Indian/Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
More Than One Race			
Racial Categories: Total of All Subjects *			

* The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

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Continuation Support**

(To be completed by sponsor — follow PHS 416-9 instructions)

FELLOWSHIP NUMBER

17. SUPPLEMENTATION OF STIPEND: NO YES If "yes," specify the amount(s) and dates on which supplementation occurred, and the source of the funds.

18. COMMENTS OF SPONSOR (Use additional page, if necessary)
Evaluate the quality of the training (including academic work) and research progress made by the fellow during the past year. Include performance on cumulative and qualifying examinations, if applicable.

APPLICANT ORGANIZATION'S ASSURANCES/CERTIFICATIONS

In signing the application Face Page, the applicant organization official agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in the PHS 416-9 Instructions under Section 2.1, Item 13. Applicant Organization Certification and Acceptance. If unable to certify compliance, where applicable, provide an explanation and place it after the Progress Report.