

Department of Health and Human Services Public Health Service Ruth L. Kirschstein National Research Service Award Individual Fellowship Progress Report for Continuation Support <i>Follow instructions carefully</i>		Review Group	Type	Activity	Fellowship Number
		Total Project Period <i>From:</i> _____ <i>Through:</i> _____			
		Requested Budget Period <i>From:</i> _____ <i>Through:</i> _____			
1. TITLE OF RESEARCH TRAINING PROPOSAL					
2a. FELLOW (Name and address, street, city, state, zip code)			2b. HIGHEST DEGREE(S)		
			2C. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT		
			2D. MAJOR SUBDIVISION		
3. NAME OF SPONSOR			E-MAIL ADDRESS		
4. SPONSORING INSTITUTION (Name and address, street, city, state, zip code)			6. TITLE AND ADDRESS OF OFFICIAL IN SPONSORING INSTITUTION BUSINESS OFFICE.		
5. ENTITY IDENTIFICATION NO.			E-MAIL ADDRESS		
7. HUMAN SUBJECTS <input type="checkbox"/> NO <input type="checkbox"/> YES 7a. Research Exempt <input type="checkbox"/> NO <input type="checkbox"/> YES If Exempt ("Yes" in 7a): Exemption No.			10a. PERMANENT MAILING ADDRESS (Street, city, state, zip code)		
If Not Exempt ("No" in 7a): IRB approval date { <input type="checkbox"/> Full IRB <i>or</i> <input type="checkbox"/> Expedited Review					
7b. Human Subjects Assurance No.		7c. NIH Defined Phase III Clinical Trial <input type="checkbox"/> NO <input type="checkbox"/> YES			
8. VERTEBRATE ANIMALS <input type="checkbox"/> NO <input type="checkbox"/> YES	8a. If "Yes," IACUC approval date	8b. Animal welfare assurance no.			
9. TRAINING SITE(S) (Organizations and addresses)			10b. FELLOW'S TELEPHONE INFORMATION		
				Area Code	Phone number and extension
			Office		
			Fax		
			Home		
Permanent Address					
11. CORRECTIONS (Items 1 - 6)					
ASSURANCES/CERTIFICATIONS: The following assurances/certifications are verified by your signature in Item 12. See Section II.A., Specific Instructions for the Kirschstein-NRSA Fellow, for further information. If unable to certify compliance, provide an explanation and place it after this page. • Debarment and Suspension • Delinquent Federal Debt.					
12. 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 an award is issued 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. I certify that the award will not support residency training.					
Signature				Date	

**Ruth L. Kirschstein National Research Service Award Individual Fellowship
Progress Report for Continuation Support**

FELLOWSHIP NUMBER

13. SUMMARY OF ACTIVITIES (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 during the past year. List all courses and publications. Complete the Gender and Minority Inclusion table(s) (see below), if applicable.

C. RESEARCH TRAINING PLANS

Describe concisely the research and research training planned for the requested budget period, including any course work.

WOMEN AND MINORITY INCLUSION IN CLINICAL RESEARCH

See Inclusion Enrollment Report and, if necessary, Targeted/Planned Enrollment Table

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	Sex/Gender			Total
	Females	Males	Unknown or Not Reported	
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	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.

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

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

15. COMMENTS OF SPONSOR (Use additional page, if necessary)

A. 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.

B. Human subjects and vertebrate animals (see instructions)

1. Human Subjects (Complete Item 7 on the Face Page)

Use of Human Subjects Change No Change Since Previous Submission

2. Vertebrate Animals (Complete Item 8 on the Face Page)

Use of Vertebrate Animals Change No Change Since Previous Submission

SPONSORING INSTITUTION'S ASSURANCES/CERTIFICATIONS

The following policies, assurances, and certifications are verified by the signature of the Official Signing for Sponsoring Institution in Item 16. See Section II.B, Specific Instructions for Sponsor, for further information. If unable to certify compliance where applicable, provide an explanation and place it after this page.

- Human Subjects; •Research Using Human Embryonic Stem Cells;
- Research on Transplantation of Human Fetal Tissue; •Research Misconduct; •Recombinant DNA and Human Gene Transfer Research;
- Vertebrate Animals; •Debarment and Suspension; •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); •Financial Conflict of Interest.

16. **CERTIFICATION:** We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this report results in continuation funding, 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	TYPED NAME	OFFICE TELEPHONE	DATE
SPONSOR			
DEPARTMENT HEAD			
OFFICIAL SIGNING FOR SPONSORING INSTITUTION			