

# Questionnaire

**Questionnaire Name:**

PHS Fellowship Supplemental Form V1-1

**Description:**

The responses are used to populate the PHS Fellowship Supplemental Form version 1-1 for submission via Grants.gov

**Module:**

**Sub Module:**



- Is Human Subjects involvement in this project indefinite?
- Does this project include a Clinical Trial?
- Does this project include a Phase III clinical trial?
- Is the inclusion of vertebrate animals use in this project indefinite?
- Does the proposed project involve human embryonic stem cells?
- Can a specific stem cell line be referenced at this time? If stem cells will be used, but a specific line cannot be referenced at the time of application submission, include a statement that one from the registry will be used.
- List the registration number of the specific cell line(s) from the stem cell registry found at: <http://stemcells.nih.gov/registry/index.asp>
- Have you already completed a graduate level degree?
- What date did you earn the graduate degree? Format MM/DD/YYYY
- Please select the type of graduate level degree earned from the list. If the degree you've earned does not appear in the list, please select the most appropriate "other" degree type from the list.
- Please provide the specific Other Masters (MOTH) degree type here.
- Please provide the specific Other Doctorate (DOTH) degree type here.
- Please provide the specific Other Doctor of Med Dentistry (DDOT) degree type here.
- Please provide the specific Other Doctor of Med (MDOT) degree type here.
- Please provide the specific Other Doctor of Vet Med (VDOT) degree type here.
- Please provide the specific Other Double Degree Program (DBOTH) degree type(s) here.
- Are you seeking a degree during the proposed Award

- For the degree sought during the proposed award, what is the expected degree completion date? Format MM/DD/YYYY
- Please select the type of degree sought during the proposed award, from the list of options provided. If the degree being sought does not appear on the list, please select the most appropriate "other" degree type from the list.
- Please provide the specific Other Masters (MOTH) degree type here.
- Please provide the specific Other Doctorate (DOTH) degree type here.
- Please provide the specific Other Doctor Of Med Dentistry (DDOT) degree type here.
- Please provide the specific Other Doctor of Vet Med (VDOT) degree type here.
- Please provide the specific Other Double Degree Program (DBOTH) degree type(s) here.
- Please provide the specific Other Doctor of Med (MDOT) degree type here.
- Select the field of training that best applies to the proposed award from the sub category list. A list of broad categories is available if there is no suitable subcategory, though use of broad categories is discouraged by the sponsor.
- Please only use one of these broader category descriptions of field of training if it is truly the best fit.
- If you have current or previous Kirschstein-NRSA support, check "yes" and provide details on the support in the following question.
- Was the Kirschstein NRSA support level for Predoctoral or Postdoctoral training?
- Was the prior Kirschstein NRSA support for an Individual or an Institution?
- Do you know the START date of this current or prior support?
- What was the start date of this support? Enter the date in 10 character format MM/DD/YYYY or use the calendar tool.
- Do you know the END date of this current or prior support?
- What was the end date of this support? Enter the date in 10 character format MM/DD/YYYY or use the calendar tool.
- Do you know the NIH grant number for this prior support?
- What was the grant number for this support? Enter the grant number, otherwise enter UNKNOWN.

- Do you have another current or prior Kirschstein-NRSA support award to report? Answer yes to record another award; maximum of 4 allowed on this form.
- Was the Kirschstein NRSA support level for Predoctoral or Postdoctoral training?
- Was the prior Kirschstein NRSA support for an Individual or an Institution?
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- Do you know the NIH grant number for this prior support?
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- Has this application been previously submitted by a different institution?
- If this application reflects a change in grantee institution, enter the name of the former institution here.
- Is this a Senior Fellowship Application?
- Please enter the dollar amount of your present institutional base salary. Do not use commas or decimal points
- Please select the academic period of time on which the salary is determined (e.g., academic year of 9 months, full-time 12 months, etc. Select a value from the list presented:
- Please enter the number of months you will receive the salary in the first year of the proposed fellowship. Fractions of months (using two decimal places) may be entered. The number may not be more than 12, but may include a decimal indicating partial months (e.g., 9.5).
- Are you receiving any supplementation from other sources? (sabbatical leave, salary, etc?)
- What is the supplemental funding amount? (enter a numeric value only, no commas or non-numeric characters).
- Enter the number of months receiving the supplemental funds in the first year of the proposed fellowship. The number may not be more than 12, but may include a decimal indicating partial months (e.g., 9.5). Fractions of months (using two decimal places) may be entered.
- Enter the type of supplemental funding (sabbatical leave, salary, etc.)
- What is the source of the supplemental funding?