NIDA International Program Drug Use and Addiction Research Fellowship Application

APPLICANT SECTION

(Must be completed in English)

Fellowship Information

Application Type (Select only one):

☐ INVEST | ☐ INVEST/CTN

Applicant Information

First/Given Name of Applicant _____

Last/Family Name of Applicant _____

Advanced Degree(s) _____

Applicant Year of Birth (YYYY) _____

Country of Citizenship (List both if dual citizen) _____

and, if applicable, _____

Phone _____

Primary Email _____

Alternative Email _____

Position Title _____

Name of Applicant's Institution _____

Department, Service, Laboratory, or Equivalent _____

Institution Mailing Address (Including city and country)

_____

Permanent Home Address (Including city and country)

_____

Applicant's References

Colleague/Supervisor 1 Name (Last/Family, First/Given) _____

Email _____

Colleague/Supervisor 2 Name (Last/Family, First/Given) _____

Email _____

Mentor

Name of Mentor (First/Given, Last/Family)

_____

Name of Mentor's Institution _____

Institution Mailing Address (Including city and country)

_____

Phone _____ Mentor's Primary Email Address _____

Applicant's Personal History

Education – Please list all postsecondary institutions you have attended, beginning with the most recent.

1) Name and Location of Institution _____

Title(s) of Theses/Dissertations _____

Major Field(s) of Study _____

Diploma or Degree _____

Dates Attended From – To (MM/YYYY) _____ – _____

2) Name and Location of Institution _____

Title(s) of Theses/Dissertations _____

Major Field(s) of Study _____

Diploma or Degree _____

Dates Attended From – To (MM/YYYY) _____ – _____

3) Name and Location of Institution _____

Title(s) of Theses/Dissertations _____

Major Field(s) of Study _____

Diploma or Degree _____

Dates Attended From – To (MM/YYYY) _____ – _____

4) Name and Location of Institution _____

Title(s) of Theses/Dissertations _____

Major Field(s) of Study _____

Diploma or Degree _____

Dates Attended From – To (MM/YYYY) _____ – _____

Additional Training (include NIH-sponsored activities or funding)

1) Activity _____

Field _____

Institution _____

From – To (MM/YYYY) _____ – _____

2) Activity _____

Field _____

Institution _____

From – To (MM/YYYY) _____ – _____

3) Activity _____

Field _____

Institution _____

From – To (MM/YYYY) _____ – _____

4) Activity _____

Field _____

Institution _____

From – To (MM/YYYY) _____ – _____

Current Employment

Name and Address of Current Employer _____

Job Title _____

Employment From – To (MM/YYYY) _____ – _____

Please describe your current job responsibilities

Previous Employment

1) Previous Employer(s) _____

Job Title(s) _____

Employment From – To (MM/YYYY) _____ – _____

2) Previous Employer(s) _____

Job Title(s) _____

Employment From – To (MM/YYYY) _____ – _____

3) Previous Employer(s) _____

Job Title(s) _____

Employment From – To (MM/YYYY) _____ – _____

4) Previous Employer(s) _____

Job Title(s) _____

Employment From – To (MM/YYYY) _____ – _____

List your peer-reviewed publications (most recent 10).

List your significant honors, awards, projects, or other accomplishments.

Applicant's Research Proposal

Fellowship Goals – Please provide a summary of your goals for the fellowship (limit to 2,000 characters).

Research Proposal Abstract – Please limit your abstract to 3,000 characters.

Explain the research opportunities the institution and mentor offer that are not currently available in your home country. Describe key factors in your selection of your mentor.

Applicant's Full Research Plan

Applicants must submit a complete research plan. The plan may not exceed three pages, not including literature citations. Your plan should include:

1) Specific aims.
2) Background and significance.
3) Research design and methods.
4) A statement of assurance that research presented in this application will be conducted in compliance with National Institutes of Health (NIH) regulations on the conduct of research.
5) Literature citations (each citation must include the authors' names, book or journal title, volume number, page numbers, and year of publication).

Applicant's research plan (page 1) – Please limit to three pages.

Applicant's research plan (page 2) – Please limit to three pages.

Applicant's research plan (page 3) – Please limit to three pages.

Applicant Certification and Acceptance

☐ By checking the box, I _____, declare that I have read and understand the U.S. federal regulations on the conduct of research supported by the National Institutes of Health (NIH). I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the terms and conditions if a fellowship is awarded 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.

An incomplete certification and acceptance section will disqualify your fellowship application.

Applicant Name Printed _____

Applicant Signature _____

Date of Signature _____

NIDA International Program Drug Use and Addiction Research Fellowship Application

MENTOR SECTION
(Must be completed in English)

Mentor Full Information (To be completed by the mentor)

Mentor First/Given Name _____

Mentor Last/Family Name _____

Name of Mentor's Institution _____

Position and Title _____

Department, Service, Laboratory, or Equivalent _____

Office Phone _____

Office Mailing Address (including city and country)

_____

Email Address (primary) _____

Email Address (secondary) _____

Mentor Education

1) Name and Location of Institution _____

Degree _____

Dates Attended From – To (MM/YYYY) _____ – _____

Field(s) of Study _____

2) Name and Location of Institution _____

Degree _____

Dates Attended From – To (MM/YYYY) _____ – _____

Field(s) of Study _____

3) Name and Location of Institution _____

Degree _____

Dates Attended From – To (MM/YYYY) _____ – _____

Field(s) of Study _____

4) Name and Location of Institution _____

Degree _____

Dates Attended From – To (MM/YYYY) _____ – _____

Field(s) of Study _____

List up to 10 of your significant publications, honors, awards, or other accomplishments, including current membership on a federal government public advisory committee.

In addition to the applicant, how many predoctoral and postdoctoral fellows/trainees will you supervise during the fellowship period? _____

How many predoctoral and postdoctoral fellows have you trained? _____

List up to five of the most recent predoctoral and postdoctoral fellows you have trained (e.g., name, current employer, position title).

Mentor's Statement

Mentors must submit a statement not to exceed three pages not including literature citations.

Your statement should:

1) Describe the Research Plan for the applicant. Include such items as seminars and opportunities for interaction with other groups and scientists. Describe the research environment and available research facilities and equipment. Include information that will help reviewers evaluate the applicant and the proposed research project. Indicate the relationship of the proposed research to the applicant's career. Describe the skills and techniques that the applicant will learn and relate these to the applicant's career goals.

2) Describe the applicant's qualifications and potential for a research career.

3) Assess the feasibility of the Research Plan with respect to current NIH regulations on the conduct of research.

4) Describe the applicant's understanding of the U.S. federal guidelines regarding the conduct of research and how you will ensure that the applicant complies with all National Institutes of Health and institutional regulations.

Mentor's statement (page 1) – Please limit to three pages.

Mentor's statement (page 2) – Please limit to three pages.

Mentor's statement (page 3) – Please limit to three pages.

Mentor Certification and Acceptance

☐ By checking the box, I _____, declare that I have read and understood the U.S. federal regulations on the conduct of research supported by the National Institutes of Health. I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I accept the obligation to comply with the terms and conditions if a fellowship is awarded 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.

An incomplete certification and acceptance section will disqualify your fellowship application.

Mentor Name Printed _____

Mentor Signature _____

Date of Signature _____