

## Distinguished International Scientist Collaboration Award Program Application

**(Must be completed in English)**

### Application Type (Select Only One):

- Distinguished International Scientist Collaboration Award (DISCA)  
 U.S. Distinguished International Scientist Collaboration Award (USDISCA)

### Dates of Proposed Collaboration Visit

Start Date (mm/dd/yyyy)

End Date (mm/dd/yyyy)

### Collaboration Researchers

Non-U.S. Scientist Name

Non-U.S. Scientist's Country

U.S. NIDA Grantee Name

NIDA Grantee's U.S. Organization

### Non-U.S. Scientist Applicant Information

First/Given Name of Applicant

Last/Family Name of Applicant

Advanced Degree(s)

Year of Birth (yyyy)

Sex or Gender

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)

**Non-U.S. Scientist 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 (mm/yyyy) 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 (mm/yyyy) 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 (mm/yyyy) to (mm/yyyy) /

**Additional Training (include NIH-sponsored activities or funding)**

1. Activity

Field

Institution

From (mm/yyyy) to (mm/yyyy) /

2. Activity

Field

Institution

From (mm/yyyy) to (mm/yyyy) /

3. Activity

Field

Institution

From (mm/yyyy) to (mm/yyyy) /

**Current Employment**

Name and Address of Current Employer

Job Title

Employment From (mm/yyyy) to (mm/yyyy) /

Please describe your current job responsibilities

**Previous Employment**

1. Previous Employer

Job Title(s)

Employment From (mm/yyyy) to (mm/yyyy) /

Describe your job responsibilities

2. Previous Employer

Job Title(s)

Employment From (mm/yyyy) to (mm/yyyy) /

Describe your job responsibilities

3. Previous Employer

Job Title(s)

Employment From (mm/yyyy) to (mm/yyyy) /

Describe your job responsibilities

**List of Your Peer-Reviewed Publications (Most Recent 10).**

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

**U.S. NIDA Grantee Information**

First/Given Name of Applicant

Last/Family Name of Applicant

Advanced Degree(s)

Applicant Year of Birth (yyyy)

Sex or Gender

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)

**U.S. NIDA Grantee 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 (mm/yyyy) 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 (mm/yyyy) 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 (mm/yyyy) to (mm/yyyy) /

**List of Your Peer-Reviewed Publications (Most Recent 10).**

**List your most significant honors, awards, publications, or other accomplishments**, including current membership on U.S. Government public advisory committees.

**U.S. NIDA Grantee NIH Grant Status**

**The U.S. collaborator *must* be a NIDA grantee throughout the award period.** Please list all active NIDA grants. Also include all applications and proposals currently pending review or award, whether related to this application or not. Attach an additional page to the application if more space is needed.

1. Grant Source and Identifying Number

Active  Pending

Grant Project Title

Principal Investigator

Project Officer

U.S. Collaborator's Role on Grant Project:

Award Start Date                      and End Date (including no-cost extensions)

Will the collaboration be in connection with this grant project?

2. Grant Source and Identifying Number

Active  Pending

Grant Project Title

Principal Investigator

Project Officer

U.S. Collaborator's Role on Grant Project:

Award Start Date                      and End Date (including no-cost extensions)

Will the collaboration be in connection with this grant project?

**Abstract**

Written by  Non-U.S. Scientists, DISCA or  U.S. NIDA Grantee, USDISCA

Please limit your abstract to 2,000 characters.



## Project Statement

Written by  Non-U.S. Scientist, DISCA or  U.S. NIDA Grantee, USDISCA

Please limit the project statement to no more than 3 or 4 pages.

- a. Describe the proposed collaborative effort, including timeframe, need for face-to-face consultation, and expected outcome.
- b. Describe how the proposed collaborative effort will advance scientific understanding of drug abuse and addiction (as assessed by significance, approach, innovation, and qualifications).
- c. Describe how the proposed collaboration falls within the NIDA research mission.
- d. Describe your understanding of the U.S. Government guidelines regarding the conduct of research, and how you and the collaborating researcher will ensure that research conducted as a result of this award complies with all NIH and institutional requirements.
- e. Discuss why you selected the collaborating partner and institution to accomplish your research goals.
- f. If applicable, describe how this proposal will enhance research skills in the United States or in your home country.

Project Statement

Project Statement (continued)

Project Statement (continued)

Project Statement (continued)

## Letter of Invitation

A formal letter of invitation from the host institution to the senior researcher must be submitted with the application. The letter must be issued on the host institution's letterhead and signed by the department chair or dean of the host institution. A signature from the collaborating researcher is not acceptable. The letter of invitation must:

- Describe the institutional resources available to support the research exchange visit (including, but not limited to, laboratory or office space, use of computers and software, biological specimens, supplies, and libraries).
- Outline the relationship between the research exchange visit and ongoing collaboration between the two scientists.

## U.S. NIDA Grantee Certification and Acceptance

By checking the box, I, \_\_\_\_\_, declare that I have read and understood the U.S. Government 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (written or electronic)

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

## Non-U.S. Scientist Certification and Acceptance

By checking the box, I, \_\_\_\_\_, declare that I have read and understood the U.S. Government 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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature (written or electronic)

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