



# NIDA–Inserm Drug Abuse Research Fellowship

## NIDA–Inserm Fellowship Application

U.S. Applicant

French Applicant

Page 1–Completed by Applicant and Mentor  
(English Language Only)

Part I—Applicant Information		
<b>1. Name of Applicant</b> (family name, given name, middle initial)	<b>2. Advanced Degree(s)</b>	<b>3. Social Security Number</b> (if available)
<b>4. Position Title</b>	<b>5. Name of Institution</b>	<b>5b. Department, Division, Service, Laboratory</b>
<b>6. Institution Mailing Address</b> (street address, city, country, postal code)		
<b>7. Office Phone</b> (country code, city code, number)	<b>8. Office Fax</b> (country code, city code, number)	<b>9. Office E-mail</b>
<b>10. Permanent Home Address</b> (street address, city, country, postal code)		
<b>11. Home Phone</b> (country code, city code, number)	<b>12. Alternative E-mail</b>	
Part II—Mentor Information		
<b>13. Name of Mentor</b>	<b>14. Mentor’s Position and Title</b>	
<b>15. Name of Mentor’s Institution</b>		
<b>16. Institution Mailing Address</b> (street address, city, country, postal code)		
<b>17. Office Phone</b> (country code, city code, number)	<b>18. Mentor’s E-mail Address</b>	
Part III—Applicant and Mentor Certification and Acceptance		
I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with 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.		
<b>1. Applicant’s Signature</b>	<b>2. Date of Applicant’s Signature</b>	
<b>3. Mentor’s Signature</b>	<b>4. Date of Mentor’s Signature</b>	

## NIDA–Inserm Drug Abuse Research Fellowship

<b>Applicant Last Name</b>	<b>Mentor Last Name</b>
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Page 2—Completed by Applicant and Mentor

### Part IV—Application Checklist

To ensure that *all* documents supporting the NIDA–Inserm Research Fellowship application are properly completed and included with your application, please check the appropriate items listed below and return this checklist with your application. Only COMPLETE applications will be reviewed.

#### Applicant To Complete and/or Provide the Following:

- Form Page 1—Part I: Items 1–12
- Form Page 1—Part III: Items 1 and 2
- Form Page 2—Applicant Section
- Form Pages 3–7
- Form Page 6—Research Plan (*not to exceed five pages, excluding literature citations*)
- Form Page 13—Reference Report, Part I
- Two references have been requested from:
  1. \_\_\_\_\_ (Full Name of Supervisor/Colleague)
  2. \_\_\_\_\_ (Full Name of Colleague/Supervisor)
- Certification of doctoral degree(s) (including English translation if necessary)
- List of peer-reviewed publications
- Appendix (*optional*): Applicants who have authored or coauthored articles in peer-reviewed scientific journals may submit a maximum of three publications.

#### Mentor To Complete and/or Provide the Following:

- Form Page 1—Part II: Items 13–18
- Form Page 1—Part III: Items 3 and 4
- Form Page 2—Mentor Section
- Form Pages 8–12
- French Applicant With U.S. Mentor: Letter from U.S. mentor’s institution representative confirming institution as a sponsor for the U.S. Department of State “J” Exchange Visitor Program and the institution’s eligibility to prepare and issue the requisite Form DS-2019 for the applicant and his/her dependents.

# NIDA–Inserm Drug Abuse Research Fellowship

Applicant Last Name	Mentor Last Name
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Page 3–Completed by Applicant

## Part V—Applicant’s Personal History

**1. Education—Please list all postsecondary institutions you attended, beginning with the most recent.**

Name and Location of Institution	Major Field(s) of Study	Dates Attended (Month, Year)	Name of Diploma or Degree	Date Received (Month, Year)

**2. Title(s) of Theses/Dissertations.**

**3. Additional Training (include U.S. National Institutes of Health or Inserm-sponsored activities or funding).**

Activity	Field	Institution	Beginning Date (Month, Year)	Ending Date (Month, Year)

## NIDA–Inserm Drug Abuse Research Fellowship

<b>Applicant Last Name</b>	<b>Mentor Last Name</b>
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Page 4–Completed by Applicant

### Part V—Applicant’s Personal History (Continued)

**4. Employment.**

Name and Address of Current Employer	Job Title	Dates of Employment
		Beginning Date to Ending Date (Month, Year)

Please describe your current job responsibilities.

Previous Employer(s)/Hosting Institution(s)	Job Title(s)/Position(s)	Dates of Employment
		Beginning Date to Ending Date (Month, Year)

**5. List your 5–10 most relevant peer-reviewed publications.**

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

**7. Address your level of proficiency in reading, speaking, and comprehending English.**



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## NIDA–Inserm Drug Abuse Research Fellowship

<b>Applicant Last Name</b>	<b>Mentor Last Name</b>
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Page 5–Completed by Applicant

### Part VI—Applicant’s Research Proposal

**1. Proposed Length of Fellowship**     6 months     12 months

**2. Fellowship Goals**—Provide a 50-word summary of your goals for the fellowship.

**3. Research Proposal Abstract**—Limit your abstract to 250 words.

**4. Respective Contributions**—Describe the collaborative process between you and the mentor in the development, review, and editing of the research proposal.



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## NIDA–Inserm Drug Abuse Research Fellowship

<b>Applicant Last Name</b>	<b>Mentor Last Name</b>
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Page 6–Completed by Applicant

### Part VI—Applicant’s Research Proposal (Continued)

**5. Selection of Mentor and Institution**—Explain why you selected this mentor and institution to accomplish your research goals. Describe the key factors in your selection. Include information about research opportunities the institution and mentor offer that may not be available in your home country.

**6. Applicant’s Full Research Plan**—Your Research Plan may not exceed five pages *not* including literature citations. Describe the proposed Research Plan, including:

- Specific aims
- Background and significance
- Research design and methods
- Compliance with the applicable legal and regulatory requirements on the conduct of research at the mentor institution
- Literature citations (Each citation must include the authors’ names, book or journal titles, volume number, page numbers, and year of publication.)

# NIDA–Inserm Drug Abuse Research Fellowship

<b>Applicant Last Name</b>	<b>Mentor Last Name</b>
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Page 7–Completed by Applicant

Part VII—Applicant’s Travel Information							
Name <small>(family name, given name, middle initial)</small>	Date of Birth <small>(mm/dd/yyyy)</small>	Place of Birth <small>(city and country)</small>	Nationality <small>(listed on passport)</small>	Sex	Note: If passport is not yet issued, please list as “pending.”		
					Passport Number	Issuing Country	Date Passport Expires <small>(mm/dd/yyyy)</small>
<b>Applicant</b>							
<b>Spouse</b>							
<b>Child (1)</b>							
<b>Child (2)</b>							
<b>Child (3)</b>							
<b>Other Household Member (1)</b>							
<b>Relationship to Applicant:</b>							



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# NIDA–Inserm Drug Abuse Research Fellowship

<b>Applicant Last Name</b>	<b>Mentor Last Name</b>
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Page 8–Completed by Mentor

## Part VIII—Mentor’s Personal History

<b>1. Name of Institution</b>	<b>2. Position and Title</b>
<b>3. Department, Division, Service, Laboratory</b>	<b>4. Office Phone</b> (country code, city code, number, extension)
<b>5. Office Mailing Address</b> (street, city, state, country, Zip code)	<b>6. Office Fax Number</b> (country code, city code, number)
	<b>7. Office E-mail Address</b>
	<b>8. Cell Phone</b> (country code, city code, number)

**9. Education** (Begin with baccalaureate or other initial professional education, such as nursing, and include any postdoctoral training.)

Institution and Location	Degree	Year Conferred	Field of Study

**10. List your most significant publications, honors, awards, or other accomplishments, including current membership on a Federal Government public advisory committee.**

**11. How many pre- and postdoctoral fellows have you trained?**

**12. For a representative five of the trained pre- and postdoctoral fellows, please list their names and fellowship training dates, current employer, and position titles.**



# NIDA–Inserm Drug Abuse Research Fellowship

Applicant Last Name	Mentor Last Name
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Page 9–Completed by Mentor

**Part IX—French Applicant: Mentor’s Research and Training Support**

**Not applicable, U.S. Applicant**

**The U.S. mentor *must* be a NIDA grantee throughout the fellowship period.** Please list all currently active NIDA grants. Also include all applications and proposals currently pending review or award whether related to this application or not. If any information changes after submission, immediately notify the NIDA International Program. Attach an additional page to application if more space is needed.

Grant Source and Identifying Number:	<input type="checkbox"/> Active <input type="checkbox"/> Pending
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Grant Project Title:

Principal Investigator:	Project Officer:
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Mentor’s Role on Grant Project:	Percentage of Effort:
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Award Date:	End Date (including no-cost extensions):
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Will applicant work under this grant project?

List specific aims of grant project.

**Part IX—U.S. Applicant: Mentor’s Research and Training Support**

**Not applicable, French Applicant**

**The French mentor *must* be among those suggested to the U.S. applicant by the Inserm Thematic Institute on Neurosciences, Cognitive Sciences, Neurology and Psychiatry.** Attach an additional page to application if more space is needed.

Grant Source and Identifying Number (if applicable):	<input type="checkbox"/> Active <input type="checkbox"/> Pending
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Grant or Project Title:

Principal Investigator:	Project Officer (if applicable):
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Mentor’s Role on Project:

Award Date (if applicable):	End Date, including no-cost extensions (if applicable):
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List specific aims of Grant or Project.



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de la santé et de la recherche médicale

## NIDA–Inserm Drug Abuse Research Fellowship

<b>Applicant Last Name</b>	<b>Mentor Last Name</b>
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Page 10–Completed by Mentor

### Part X—Mentor’s Statement

**Mentor’s Statement**—Submit your statement by utilizing the space below. Your statement may not exceed five pages. Your statement should include the following:

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, available research facilities and equipment, and research support the mentor will make available to the applicant during the fellowship. 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 goals. Describe the skills and techniques that the applicant will learn and relate these to the applicant’s career goals.
2. How many predoctoral and postdoctoral fellows/trainees will be supervised during the fellowship?
3. Describe the applicant’s qualifications and potential for a research career.
4. Please assess the feasibility of the Research Plan with respect to current National Institutes of Health (NIH) or Inserm regulations on the conduct of research.
5. Please 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 NIH and institutional requirements (not applicable at Inserm).

# NIDA–Inserm Drug Abuse Research Fellowship

Applicant Last Name	Mentor Last Name
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Page 11–Completed by Mentor and Institution Official(s)

**Part XI—Sponsoring Institution Certifications and Assurances**

**1. Sponsoring Institution’s Identification No. (12-digit number) if Known (Not Applicable for French Institutions):**

<b>2. Human Subjects</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>2a. If Yes, List Exemption No. or IRB Approval Date</b>	<b>2c. If Yes, List Assurance of Compliance No.</b>
<b>3. Vertebrate Animals</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>3b. If Yes, List IACUC Approval Date</b>	<b>3c. If Yes, List Animal Welfare Assurance No.</b>

- Funds paid to a NIDA grantee’s sponsoring institution under a NIDA–Inserm Fellowship award are considered Federal financial assistance to that organization and must comply with the same U.S. Federal regulations, policies, guidelines, and review considerations as do all NIH research project grant applications.
- Accordingly, the individual signing the NIDA–Inserm Fellowship application as the Official *Signing for Sponsoring Institution* is certifying that the sponsoring institution and its principals will comply with all NIH as well as Inserm terms and conditions. **This signing official must be a separate individual from the mentor.**
- In addition, by signing below, the *mentor* agrees to accept responsibility for the scientific conduct of any research conducted as a result of a NIDA–Inserm Fellowship award and to comply with NIH, Inserm, and institutional regulations.
- For a complete discussion of the NIH regulations, consult the NIH Grants Policy Statement at [http://grants.nih.gov/grants/policy/nihgps\\_2010/index.htm](http://grants.nih.gov/grants/policy/nihgps_2010/index.htm) or Part III, Section 2 of the *U.S. Department of Health and Human Services, Public Health Service Grant Application, PHS 398 Instructions*, <http://grants2.nih.gov/grants/funding/phs398/phs398.html>.
- Any research conducted at NIDA or NIDA-funded institutions as a result of a NIDA–Inserm Fellowship award must comply with all NIH policies on:
 

<ul style="list-style-type: none"> <li>• Human Subjects</li> <li>• Research Using Human Embryonic Stem Cells</li> <li>• Research on Transplantation of Human Fetal Tissue</li> <li>• Women and Minority Inclusion Policy</li> <li>• Inclusion of Children Policy</li> <li>• Vertebrate Animals</li> <li>• Debarment and Suspension</li> <li>• Drug-Free Workplace</li> </ul>	<ul style="list-style-type: none"> <li>• Lobbying</li> <li>• Nondelinquency on Federal Debt</li> <li>• Research Misconduct</li> <li>• Civil Rights (Form HHS 690)</li> <li>• Handicapped Individuals (Form HHS 690)</li> <li>• Sex Discrimination (Form HHS 690)</li> <li>• Age Discrimination (Form HHS 690)</li> <li>• Recombinant DNA and Human Gene Transfer Research</li> <li>• Financial Conflict of Interest</li> </ul>
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- Any research conducted at Inserm as a result of a NIDA–Inserm Fellowship award must comply with all the internal as well as French and European applicable policies.

*Section continued on next page.*



# NIDA–Inserm Drug Abuse Research Fellowship

<b>Applicant Last Name</b>	<b>Mentor Last Name</b>
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Page 12–Completed by Mentor and Institution Official(s)

## Part XI—Sponsoring Institution Certifications and Assurances (Continued)

**CERTIFICATION:** We, the undersigned, certify that (a) the information herein is true and complete to the best of our knowledge; (b) if this application results in an award for a research fellowship, appropriate training, adequate facilities, and supervision will be provided; and (c) we accept the obligation to comply with the NIH and Inserm terms and conditions of the fellowship award. We are aware that any false, fictitious, or fraudulent statements or claims may subject us to criminal, civil, or administrative penalties.

<b>Typed Name and Signature</b>	<b>Email Address</b>	<b>Office Telephone</b> <small>(country code, city code, number)</small>	<b>Date</b> <small>(mm/dd/yyyy)</small>
<b>Mentor</b>			
<b>Department Head of Sponsoring Institution or Director of the Hosting Research Unit of Inserm</b>			
<b>Official Signing for Sponsoring Institution</b> (Meaning the relevant Regional Delegate at Inserm)			

## NIDA–Inserm Drug Abuse Research Fellowship

### Reference Report–English Language Only

**Completed Reference Form and Letter of Reference Must Be Returned by Application Deadline of OCTOBER 15.**

Note: Applicants can have access to personal information contained in their records, including this reference report.

Part I—Applicant Information—Completed by Applicant	
<b>Name of Applicant</b> (family name, given name, middle initial)	<b>Applicant’s Home Institution Name and Country Location</b>
<b>Name of Mentor</b> (family name, given name, middle initial)	<b>Mentor’s Institution Name and Country Location</b>
Part II—Reference Information—Completed by Reference	
<b>Reference’s Name and Title</b> (family name, given name, middle initial)	<b>Reference’s Institution and Address</b> (include city and country)
<b>Reference’s E-mail</b>	<b>Reference’s Phone</b> (country code, city/area code, number)
<b>Dates Associated With Applicant</b>	<b>Reference’s Capacity at That Time</b> (teacher, advisor, supervisor, or other)
Using the scale provided on the left, rate the applicant on each item listed below (as compared with other individuals of similar training and experience with whom you have been associated).	
0. <b>Insufficient knowledge or not applicable</b> 1. <b>Fair</b> – Below average (lower 40%) 2. <b>Good</b> – Average (middle 41% to 60%) 3. <b>Very Good</b> – Above average (upper 21% to 40%) 4. <b>Excellent</b> – Much above average (upper 6% to 20%) 5. <b>Outstanding</b> – Comparable to the best individual in a class or research laboratory (upper 5%)	<input type="checkbox"/> Research ability and potential <input type="checkbox"/> Written and verbal communications <input type="checkbox"/> Perseverance in pursuing goals <input type="checkbox"/> Self-reliance and independence <input type="checkbox"/> Clinical proficiency, if relevant <input type="checkbox"/> Laboratory skills and techniques, if relevant <input type="checkbox"/> Originality <input type="checkbox"/> Accuracy <input type="checkbox"/> Scientific background <input type="checkbox"/> Familiarity with research literature <input type="checkbox"/> Ability to organize scientific data
Part III—Letter of Reference Completed by Reference	
<p style="text-align: center;">Please use an additional page to describe <b>in English</b> your association with the applicant. Also comment on the applicant’s training and experience, including other areas as appropriate. Identify strengths and weaknesses that should be considered in evaluating the applicant’s potential for a research career.</p> <p style="text-align: center;"><b>Attach the Letter of Reference to this completed form and email by the October 15 deadline directly to:</b></p>	
<p style="text-align: center;"><i><b>For French Applicants</b></i></p> <p style="text-align: center;"><b>NIDA International Program, c/o IQ Solutions, Inc. 11300 Rockville Pike, Suite 901 ♦ Rockville, MD 20852 USA ♦ ip@nida.nih.gov</b></p>	<p style="text-align: center;"><i><b>For U.S. Applicants</b></i></p> <p style="text-align: center;"><b>Department of National and Foreign Affairs – DPRE Inserm ♦ 101 Rue de Tolbiac ♦ 75013 Paris, France agnes.kergus@inserm.fr/philippe.arhets@inserm.fr</b></p>
<b>Reference’s Signature</b>	<b>Date</b>