



NIDA-ANRS Drug Abuse and HIV Research Fellowship Application

(Application to be completed in English language only)

Applicant 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)	
Position Title		Name of Applicant's Institution		
Department, Service, Laboratory, or Equivalent		Institution Mailing Address (including country)		
Office Phone		Primary Email		Alternative Email

Applicant's References.

Colleague/Supervisor Name	Colleague/Supervisor Email
Colleague/Supervisor Name	Colleague/Supervisor Email

Selected Mentor.

Name of Mentor	Name of Mentor's Institution
Institution Mailing Address (including country)	
Office Phone	Mentor's Primary Email Address

Applicant's Personal History

Education. List all postsecondary institutions you attended, beginning with the most recent.

Name and Location of Institution	Major Field(s) of Study	Dates Attended (mm, yyyy)	Name of Diploma or Degree	Date Received (mm, yyyy)
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List Title of Thesis/Dissertation:

Name and Location of Institution	Major Field(s) of Study	Dates Attended (mm, yyyy)	Name of Diploma or Degree	Date Received (mm, yyyy)
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List Title of Thesis/Dissertation:

Name and Location of Institution	Major Field(s) of Study	Dates Attended (mm, yyyy)	Name of Diploma or Degree	Date Received (mm, yyyy)
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List Title of Thesis/Dissertation:

Name and Location of Institution	Major Field(s) of Study	Dates Attended (mm, yyyy)	Name of Diploma or Degree	Date Received (mm, yyyy)
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List Title of Thesis/Dissertation:

Additional Training. List your four most recent activities; indicate if any were sponsored by the National Institutes of Health or ANRS.

Activity 1	Field	Institution	Beginning Date (mm, yyyy)	Ending Date (mm, yyyy)
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Activity 2	Field	Institution	Beginning Date (mm, yyyy)	Ending Date (mm, yyyy)
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Activity 3	Field	Institution	Beginning Date (mm, yyyy)	Ending Date (mm, yyyy)
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Activity 4	Field	Institution	Beginning Date (mm, yyyy)	Ending Date (mm, yyyy)
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Current Employment.

Current Employer (including address)	Job Title	From (mm, yyyy)	To (mm, yyyy)
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Please describe your current job responsibilities.

Previous Employment. List your four most recent employment positions.

Previous Employer	Job Title and Responsibilities	From (mm, yyyy)	To (mm, yyyy)
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Previous Employer	Job Title and Responsibilities	From (mm, yyyy)	To (mm, yyyy)
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Previous Employer	Job Title and Responsibilities	From (mm, yyyy)	To (mm, yyyy)
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Previous Employer	Job Title and Responsibilities	From (mm, yyyy)	To (mm, yyyy)
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Peer-reviewed Publications. List the citation for up to 10 of your peer-reviewed publications.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Applicant's Full Research Plan

Applicant's Full Research Plan

Applicant's Full Research Plan

Applicant Certification and Acceptance

By checking the box and inserting my full name below, 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.

I have read and understand the application requirements.

Applicant's Full Name

Application Review Checklist for Applicant

- The applicant has sent the Reference Report to each of the two references.
- Certification of doctoral degree(s) (including English translation if necessary) obtained and to be included with completed application.
- All applicant sections have been completed.
- The Research Plan is included and does *not* exceed three pages, excluding literature citations.
- The Applicant Certification and Acceptance section has been completed.
- Research conducted as part of an NIDA-ANRS Drug Abuse and HIV Research Fellowship must be done in accordance with the protocol approved by the institutional or local committee on ethics in human and animal investigation. Where no such committee exists, the applicant and mentor must read and sign the Acknowledgement and Consent form for the *WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects* and the *World Medical Association (WMA) Statement on Animal Use in Biomedical Research*. When required, the completed acknowledgement must be submitted with the application to be considered for the fellowship.
- Appendix (*optional*): Applicants who have authored or coauthored articles in peer-reviewed scientific journals may submit a maximum of three publications.

Mentor's Information

(To be completed by the Mentor)

Name of Mentor's Institution		Position and Title	
Department, Service, Laboratory, or Equivalent		Office Mailing Address (including country)	
Office Phone	Primary Email Address	Alternate Email Address	

Education. List all postsecondary education beginning with baccalaureate.

Institution and Location	Degree	Year Conferred	Field of Study
Institution and Location	Degree	Year Conferred	Field of Study
Institution and Location	Degree	Year Conferred	Field of Study
Institution and Location	Degree	Year Conferred	Field of Study

Significant Publications, Honors, Awards, or Other Accomplishments. List up to 10 including current membership on a Federal Government public advisory committee.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Postdoctoral Training Provided by Mentor.

How many pre- and postdoctoral fellows have you trained?

In addition to the applicant, how many pre- and postdoctoral fellows/trainees will be supervised during the fellowship period?

Mentor's Statement

Your statement may not exceed three 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 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 goals. Describe the skills and techniques that the applicant will learn and relate these to the applicant's career goals.
2. Assess the applicant's qualifications and potential to conduct the proposed research and relate the potential impact of the fellowship to the capacity building in the applicant's home country.
3. Please provide a statement of assurance that research presented in this application will be conducted in accordance with the protocol approved by the institutional or local committee on ethics in human and animal investigation. Where no such committee exists, the statement is to ensure that the research will be conducted in accordance with the principles of the *Declaration of Helsinki of the World Medical Association (WMA)* or *WMA Statement on Animal Use in Biomedical Research*.

Mentor's Statement

Mentor's Statement

Mentor's Statement

Mentor Certification and Acceptance

By checking the boxes and inserting my full name below, 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.

- I have read and understand the application requirements.
- I ensure that my institution's officials have approved the submission of this application and, if this application results in an award, official signatures will be provided.

Mentor's Full Name

Application Review Checklist for Mentor

Mentor To Complete and/or Provide the Following:

- All mentor sections have been completed.
- The Applicant Certification and Acceptance section has been completed.
- The Mentor's Statement is included and does *not* exceed three pages.
- Research conducted as part of an NIDA-ANRS Drug Abuse and HIV Research Fellowship must be done in accordance with the protocol approved by the institutional or local committee on ethics in human and animal investigation. Where no such committee exists, the mentor and applicant must read and sign the Acknowledgement and Consent form for the *WMA Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects* and the *World Medical Association (WMA) Statement on Animal Use in Biomedical Research*. When required, the completed acknowledgement must be submitted with the application to be considered for the fellowship.
- Required if mentor is with a U.S. institution:** Letter from 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-ANRS Drug Abuse and HIV Research Fellowship

Reference Report

(To be completed in English language only)

Applicant Information. (To be completed by the Applicant)

Name of Applicant	Name of Applicant's Institution
Name of Mentor	Name of Mentor's Institution

Reference Information. (To be completed by the Reference)

Reference's Name and Title	Reference's Institution and Address
Reference's Email	Reference's Phone
Dates Associated With Applicant	Reference's Capacity at That Time

Instructions: The above individual selected you as a reference for his/her application. Reviewers will use this reference in assessing the applicant. Applicants may have access to personal information contained in their records, including this reference report.

Using the scale provided below on the left, rate the applicant on each item listed below on the right. Your rating is to be made by comparing the applicant with other individuals of similar training and experience with whom you have been associated.

<p>0 Insufficient knowledge or not applicable</p> <p>1 Fair – Below average (lower 40%)</p> <p>2 Good – Average (middle 41% to 60%)</p> <p>3 Very Good – Above average (upper 21% to 40%)</p> <p>4 Excellent – Much above average (upper 6% to 20%)</p> <p>5 Outstanding – Comparable to the best individual in a class or research laboratory (upper 5%)</p>	<p>_____ Research ability and potential</p> <p>_____ Written and verbal communications</p> <p>_____ Perseverance in pursuing goals</p> <p>_____ Self-reliance and independence</p> <p>_____ Clinical proficiency, if relevant</p> <p>_____ Laboratory skills and techniques, if relevant</p> <p>_____ Originality</p> <p>_____ Accuracy</p> <p>_____ Scientific background</p> <p>_____ Familiarity with research literature</p> <p>_____ Ability to organize scientific data</p>
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Letter of Reference. (To be provided by the Reference)

Please use an additional page to describe (in English language only or as a certified translation) 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.

Completed Reference Forms and Letters of Reference must be submitted by the deadline of June 1. Documents are to be emailed to:

NIDA International Program
ip@nida.nih.gov