# NIDA–Inserm Fellowship Application2015

U.S. Applicant  French Applicant

**(English Language Only)**

## Part I—Applicant Information

1. **Name of Applicant** (family name, given name, middle initial):

1. **Advanced Degree(s):**

1. **Position Title:**

1. **Name of Institution:**

1. **Department, Division, Service, Laboratory:**

1. **Institution Mailing Address** (street address, city, state, postal code):

1. **Country:**

1. **Office Phone** (country code, city code, number):

1. **Office Fax** (country code, city code, number):

1. **Office E-mail:**

1. **Permanent Home Address** (street address, city, country, postal code):

1. **Home Phone** (country code, city code, number):

1. **Alternative E-mail:**

## Applicant 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.

**Applicant’s Signature Date**

Applicant Last Name:       Mentor Last Name:

## Part II—Mentor Information

1. **Name of Mentor:**

1. **Position Title:**

1. **Institution:**

1. **Department, Division, Service, Laboratory:**

1. **Office Mailing Address** (street address, city, state, postal code):

1. **Country:**

1. **Office Phone** (country code, city code, number):

1. **Office Fax Number** (country code, city code, number):

1. **E-mail:**

1. **Alternative E-mail:**

## 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.

**Mentor’s Signature Date**

Applicant Last Name:       Mentor Last Name:

## Part III—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 Part I and sign Certification and Acceptance Statement

Form Part III—Applicant Section

Form Parts IV and V

Form Part VI—Research Plan (not to exceed three pages, excluding literature citations)

Reference Report, Part I

Reference Report form given and reference letter has been requested from [must be two]:

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 Part II and sign Certification and Acceptance Statement

Form Part III—Mentor Section

Form Parts VII, VIII, and IX

Form Part X and obtain necessary institution signatures as indicated

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.

## Part IV—Applicant’s Personal History

## ****Add an additional page if more space is needed.****

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

#### a) Name and Location of Institution:

**Major Field(s) of Study:**

**Begin and End Dates of Attendance (Month, Year to Month, Year):**

**Name of Diploma or Degree:**

**Date Diploma/Degree Received (Month, Year):**

#### b) Name and Location of Institution:

**Major Field(s) of Study:**

**Begin and End Dates of Attendance (Month, Year to Month, Year):**

**Name of Diploma or Degree:**

**Date Diploma/Degree Received (Month, Year):**

#### c) Name and Location of Institution:

**Major Field(s) of Study:**

**Begin and End Dates of Attendance (Month, Year to Month, Year):**

**Name of Diploma or Degree:**

**Date Diploma/Degree Received (Month, Year):**

#### d) Name and Location of Institution:

**Major Field(s) of Study:**

**Begin and End Dates of Attendance (Month, Year to Month, Year):**

**Name of Diploma or Degree:**

**Date Diploma/Degree Received (Month, Year):**

### Title(s) of Theses/Dissertations.

## Part IV—Applicant’s Personal History (continued)

## ****Add an additional page if more space is needed.****

### Additional Training

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

#### ****a) Activity/Event:****

**Topic Field:**

**Institution Host/Sponsor:**

**Begin and End Date(s) (Month, Year to Month, Year):**

#### b) Activity/Event:

**Topic Field:**

**Institution Host/Sponsor:**

**Begin and End Date(s) (Month, Year to Month, Year):**

#### c) Activity/Event:

**Topic Field:**

**Institution Host/Sponsor:**

**Begin and End Date(s) (Month, Year to Month, Year):**

### List Your Current Employment.

#### **Name Current Employer:**

**City and Country of Current Employer:**

**Current Job Title:**

**Begin and End Date(s) (Month, Year to Month, Year):**

**Describe your current job responsibilities:**

## Part IV—Applicant’s Personal History (continued)

## ****Add an additional page if more space is needed.****

### Previous Employment.

#### a) Employer/Hosting Institution:

**Job/Position Title:**

**Begin and End Date(s) (Month, Year to Month, Year):**

Primary job/position responsibilities:

#### b) Employer/Hosting Institution:

**Job/Position Title:**

**Begin and End Date(s) (Month, Year to Month, Year):**

Primary job/position responsibilities:

#### c) Employer/Hosting Institution:

**Job/Position Title:**

**Begin and End Date(s) (Month, Year to Month, Year):**

Primary job/position responsibilities:

### List your 5 to 10 most relevant peer-reviewed publications.

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

### Speak to your level of proficiency in reading, speaking, and comprehending English.

## Part V—Applicant’s Travel Information

**Applicant Name** (family name, given name, middle initial)**:**

**Date of Birth** (mm/dd/yyyy):

**Place of Birth** (city and country):

**Nationality** (listed on passport):       **Sex:**

**Passport Issued:**  **No**  **Application Pending**  **Yes, Expiration Date:**

**Issuing Country:**

### Traveling with Applicant during Fellowship:

**Name** (family name, given name, middle initial):

**Relationship to Applicant (spouse, child, etc.):**

**Date of Birth** (mm/dd/yyyy):

**Place of Birth** (city and country):

**Nationality** (listed on passport):       **Sex:**

**Passport Issued:**  **No**  **Application Pending**  **Yes, Expiration Date:**

**Issuing Country:**

**Name** (family name, given name, middle initial):

**Relationship to Applicant (spouse, child, etc.):**

**Date of Birth** (mm/dd/yyyy):

**Place of Birth** (city and country):

**Nationality** (listed on passport):       **Sex:**

**Passport Issued:**  **No**  **Application Pending**  **Yes, Expiration Date:**

**Issuing Country:**

**Name** (family name, given name, middle initial):

**Relationship to Applicant (spouse, child, etc.):**

**Date of Birth** (mm/dd/yyyy):

**Place of Birth** (city and country):

**Nationality** (listed on passport):       **Sex:**

**Passport Issued:**  **No**  **Application Pending**  **Yes, Expiration Date:**

**Issuing Country:**

**Name** (family name, given name, middle initial):

**Relationship to Applicant (spouse, child, etc.):**

**Date of Birth** (mm/dd/yyyy):

**Place of Birth** (city and country):

**Nationality** (listed on passport):       **Sex:**

**Passport Issued:**  **No**  **Application Pending**  **Yes, Expiration Date:**

**Issuing Country:**

## Part VI—Applicant’s Research Proposal

## ****Add an additional page if more space is needed.****

### ****Proposed Length of Fellowship:**** **6 months** **12 months**

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

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

### ****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.

### Applicant’s Full Research Plan.

Your Research Plan may not exceed three pages not including literature citations. Describe the proposed Research Plan, including:

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

## Part VII—Mentor’s Personal History

## ****Add an additional page if more space is needed.****

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

**a) Name and Location of Institution:**

**Degree:**

**Year Conferred:**

**Field of Study:**

**b) Name and Location of Institution:**

**Degree:**

**Year Conferred:**

**Field of Study:**

**c) Name and Location of Institution:**

**Degree:**

**Year Conferred:**

**Field of Study:**

**d) Name and Location of Institution:**

**Degree:**

**Year Conferred:**

**Field of Study:**

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

1. **How many pre- and postdoctoral fellows have you trained?**
2. **For a representative five of the trained pre- and postdoctoral fellows, please list their names and fellowship training dates, current employer, and position titles.**

## Part VIII— French Applicant: Mentor’s Research and Training Support

**Add an additional page if more space is needed.**

**🞏 Not applicable for U.S. Applicant**

**The U.S. mentor** should **be a NIDA-funded researcher whose project will be active throughout the fellowship period Researchers funded by other NIH Institutes may be considered on a case by case basis.** Please list all currently active NIDA grants or studies. 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.

**Grant Source and Identifying Number:**   **Active**  **Pending**

**Grant Project Title:**

**Principal Investigator:**

**Project Officer:**

**Mentor’s Role on Grant Project:**

**Percentage of Effort:**

**Award Date:**

**End Date (including no-cost extensions):**

**List specific aims of grant project.**

**Will applicant work under this grant project?**

**Grant Source and Identifying Number:**   **Active**  **Pending**

**Grant Project Title:**

**Principal Investigator:**

**Project Officer:**

**Mentor’s Role on Grant Project:**

**Percentage of Effort:**

**Award Date:**

**End Date (including no-cost extensions):**

**List specific aims of grant project.**

**Will applicant work under this grant project?**

**Grant Source and Identifying Number:**   **Active**  **Pending**

**Grant Project Title:**

**Principal Investigator:**

**Project Officer:**

**Mentor’s Role on Grant Project:**

**Percentage of Effort:**

**Award Date:**

**End Date (including no-cost extensions):**

**List specific aims of grant project.**

**Will applicant work under this grant project?**

## Part IX—Mentor’s Statement

## ****Add an additional page if more space is needed.****

**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 confirm the applicant has read and understands the U.S. or French guidelines regarding the conduct of research and agrees to comply with all NIH and other institutional requirements.

## Part X—Sponsoring Institution Certifications and Assurances

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

**If Yes, List Exemption Number or IRB Approval Date:**

**If Yes, List Assurance of Compliance Number:**

1. **Vertebrate Animals**:  No  Yes

**If Yes, List IACUC Approval Date:**

**If Yes, List Animal Welfare Assurance Number:**

* Funds paid to a NIDA-funded researcher’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](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:
  + Research Using Human Embryonic Stem Cells
  + Human Subjects
  + Lobbying
  + Women and Minority Inclusion Policy
  + Inclusion of Children Policy
  + Vertebrate Animals
  + Debarment and Suspension
  + Recombinant DNA and Human Gene Transfer Research
  + Research on Transplantation of Human Fetal Tissue
  + Non-delinquency on Federal Debt
  + Research Misconduct
  + Civil Rights (Form HHS 690)
  + Handicapped Individuals (Form HHS 690)
  + Sex Discrimination (Form HHS 690)
  + Financial Conflict of Interest
  + Age Discrimination (Form HHS 690)
  + Drug-Free Workplace
* 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.

## Part X—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.

**MENTOR**

**Mentor’s Name:**

**Email:**

**Office Telephone:**

**Signature Date**

**DEPARTMENT HEAD OF SPONSORING INSTITUTION OR DIRECTOR OF THE HOSTING RESEARCH UNIT OF INSERM (must be different than mentor)**

**Department Head or Director Name:**

**Email:**

**Office Telephone:**

**Signature Date**

**OFFICIAL SIGNING FOR SPONSORING INSTITUTION** (For U.S. applicant, meaning the relevant Regional Delegate at Inserm)

**Official’s Name:**

**Email:**

**Office Telephone:**

**Signature Date**