

## USDISCA Application

U.S. Citizens and Permanent Residents Only

**Page 1 – Completed by U.S. Applicant and International Collaborator**  
**(Must Be Type Written in Black Ink – English Language Only)**

### Part I – U.S. 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>5a. Name of Institution</b>		<b>5b. Department, Service, Laboratory, or Equivalent</b>	
<b>6. Institution Mailing Address</b> (street address, city, country, postal code)					
<b>7. Office Phone</b> (area code, number, extension)		<b>8. Office Fax Number</b> (area 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> (area code, number)			<b>12. Cell Phone</b> (area code, number)		
<b>13. Home or Alternative E-mail</b>			<b>14. Dates of Proposed Travel</b> (mm/dd/yyyy to mm/dd/yyyy)		

### Part II – International Collaborator Information

<b>1. Name of Collaborating Researcher</b>		<b>2. Name of Collaborator's Institution</b>	
<b>3. Institution Mailing Address</b> (street address, city, postal code)			
<b>4. Office Phone</b> (country code, city code, number, extension)		<b>5. Collaborator's E-mail Address</b>	

### Part III – U.S. Applicant and International Collaborator – Certification and Acceptance

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 accept the obligation to comply with NIH 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. U.S. Applicant's Signature</b>		<b>2. Date of U.S. Applicant's Signature</b>	
<b>3. Collaborator's Signature</b>		<b>4. Date of Collaborator's Signature</b>	

**Page 2 – Completed by U.S. Applicant and International Collaborator**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part IV – Application Checklist**

*Name of U.S. Applicant (family name, given name, middle initial)*

*Name of International Collaborator (family name, given name, middle initial)*

To ensure that ***all*** documents supporting the USDISCA 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 can be reviewed by the National Institute on Drug Abuse (NIDA).

**U.S. Applicant to Complete and/or Provide the Following:**

- Form Page 1—Part I: Items 1–14
- Form Page 1—Part III: Items 1 and 2. Send ORIGINAL of Page 1 to international collaborator for his/her signature agreement.
- Form Page 2—Applicant Section
- Form Pages 3–9
- Form Page 5—Program Plan (*not to exceed 7 pages*)
- Form Page 13—Reference Report, Part I
- Two references have been requested from:
  1. \_\_\_\_\_ (Full Name of Current Supervisor)
  2. \_\_\_\_\_ (Full Name of Colleague/Previous Supervisor)
- 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.

**International Collaborator to Complete and/or Provide the Following:**

- Form Page 1—Part II: Items 1–5
- Form Page 1—Part III: Items 3 and 4. Use ORIGINAL of Page 1 received from applicant.
- Form Page 2—Collaborator Section
- Form Pages 10–12

**Page 3 – Completed by U.S. Applicant**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part V – U.S. Applicant’s Personal History**

<i>Name of U.S. Applicant (family name, given name, middle initial)</i>	<i>Name of International Collaborator (family name, given name, middle initial)</i>
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**1. Education—Please list all post-secondary 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. Additional Training (include NIH-sponsored activities or funding).**

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

**Page 4 – Completed by U.S. Applicant**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part V – U.S. Applicant’s Personal History—Continued**

<i>Name of U.S. Applicant (family name, given name, middle initial)</i>	<i>Name of International Collaborator (family name, given name, middle initial)</i>
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**3. Employment.**

Name and Address of Current Employer	Job Title	Dates of Employment	
		From (Month, Year)	To (Month, Year)

Please describe your current job responsibilities.

Previous Employer(s)	Job Title(s)	Dates of Employment	
		From (Month, Year)	To (Month, Year)

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

**Page 5 – Completed by U.S. Applicant**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part VI – U.S. Applicant’s Program Plan**

*Name of U.S. Applicant (family name, given name, middle initial)*

*Name of International Collaborator (family name, given name, middle initial)*

**1. U.S. Applicant’s Program Plan Summary**—Please provide a 50-word summary of your goals for the program.

**2. U.S. Applicant’s Program Plan**—Submit your plan by utilizing the space below. Your plan may not exceed 7 pages.

- (a) Please describe the proposed collaborative effort, including timeframe 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) Please describe how the proposed collaboration falls within the NIDA research mission.
- (d) Please describe your understanding of the U.S. Federal guidelines regarding the conduct of research, and how you and your collaborating researcher will ensure that research conducted as a result of this award complies with all NIH and institutional requirements.
- (e) Please explain why you selected this collaborating researcher and institution to accomplish your research goals.
- (f) If applicable, please describe how this proposal will enhance research skills in the United States or in the international collaborator’s home country.

**Page 6 – Completed by U.S. Applicant**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part VII – Monthly Allowance Budget Sheet**

<i>Name of U.S. Applicant (family name, given name, middle initial)</i>	<i>Name of International Collaborator (family name, given name, middle initial)</i>
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The USDISCA provides a monthly allowance to cover living expenses for 1 to 3 months depending on project requirements. This allowance may not exceed \$6,500US per month. Please enter your budget estimates in the form below. The final award selection is primarily based on the scientific merit of the proposed collaboration. In addition to the scientific merit, the number of applications received, this budget estimate, and NIDA International Program’s annual fiscal budget will be taken into consideration when making the final selection.

<b>USDISCA MONTHLY ALLOWANCE BUDGET</b>	
<b>Expense Category</b>	<b>Projected Cost</b> (In U.S. dollars)
Health Insurance	
Lodging	
Meals and Incidentals	
Local Transportation (do not include airfare)	
Utilities	
Other (please specify)	
<b>Total</b>	

**Page 7 – Completed by U.S. Applicant**  
**(Must Be Type Written in Black Ink – English Language Only)**

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

**Page 8 – Completed by U.S. Applicant**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part IX – NIDA Research and Training Support**

<b>Name of U.S. Applicant</b> (family name, given name, middle initial)	<b>Name of International Collaborator</b> (family name, given name, middle initial)
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**The U.S. collaborator 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.

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

**Grant Project Title:**

<b>Principal Investigator:</b>	<b>Project Officer:</b>
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<b>U.S. Collaborator's Role on Grant Project:</b>	<b>Percentage of Effort:</b>
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<b>Award Date:</b>	<b>End Date (including no-cost extensions):</b>
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**Will the international collaborator perform any tasks associated with this grant project?**

**List specific aims of grant project.**

**Additional Grant**

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

**Grant Project Title:**

<b>Principal Investigator:</b>	<b>Project Officer:</b>
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<b>U.S. Collaborator's Role on Grant Project:</b>	<b>Percentage of Effort:</b>
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<b>Award Date:</b>	<b>End Date (including no-cost extensions):</b>
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**Will the international collaborator perform any tasks associated with this grant project?**

**List specific aims of grant project.**

Attach an additional page to application if more space is needed to list additional grant information.

**Page 9 – Completed by U.S. Applicant, U.S. Department Head, and U.S. Institution Official**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part X – U.S. Institution Certifications and Assurances**

<b>Name of U.S. Applicant</b> (family name, given name, middle initial)	<b>Name of International Collaborator</b> (family name, given name, middle initial)
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**1. U.S. Institution's Identification No. (12-digit number) If Known:**

<b>2a. Human Subjects</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>2b. If Yes, List Exemption No. or IRB Approval Date</b>	<b>2c. If Yes, List Assurance of Compliance No.</b>
<b>3a. 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 U.S. Distinguished Scientist under the U.S. Distinguished International Scientist Collaboration Award are considered Federal financial assistance to the U.S. Institution 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 USDISCA application as the **Official Signing for Sponsoring Institution** is certifying that the U.S. institution and its principals will comply with all NIH terms and conditions. **This signing official must be a separate individual from the U.S. applicant.**

In addition, by signing below, the **U.S. applicant** agrees to accept responsibility for the scientific conduct of any research conducted as a result of a USDISCA and to comply with both NIH and institutional regulations.

For a complete discussion of the NIH regulations, consult the NIH Grants Policy Statement at <http://grants.nih.gov/policy/policy.html> or "Section 8 – Research Plan" of the *Application for a Public Health Service Grant, PHS 398 Instructions*, <http://grants2.nih.gov/grants/funding/phs398/phs398.html>.

Any research conducted as a result of a USDISCA must comply with all NIH policies on:

- Human Subjects
- Research Using Human Embryonic Stem Cells
- Research on Transplantation of Human Fetal Tissue
- Women and Minority Inclusion Policy
- Inclusion of Children Policy
- Vertebrate Animals
- Debarment and Suspension
- Drug-Free Workplace
- Lobbying
- Non-Delinquency on Federal Debt
- Research Misconduct
- Civil Rights (Form HHS 441 or HHS 690)
- Handicapped Individuals (Form HHS 641 or HHS 690)
- Sex Discrimination (Form HHS 639-A or HHS 690)
- Age Discrimination (Form HHS 680 or HHS 690)
- Recombinant DNA and Human Gene Transfer Research
- Financial Conflict of Interest

**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 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>E-Mail Address</b>	<b>Office Telephone</b> <i>(area code, number, extension)</i>	<b>Date</b> <i>(mm/dd/yyyy)</i>
<b>U.S. Applicant</b>			
<b>Department Head of U.S. Institution</b>			
<b>Official Signing for U.S. Institution</b>			

**Page 10 – Completed by International Collaborator**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part XI – International Collaborator’s Personal History**

<b>Name of U.S. Applicant</b> (family name, given name, middle initial)	<b>Name of International Collaborator</b> (family name, given name, middle initial)
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<b>1. Name of Institution</b>	<b>2. Position and Title</b>
<b>3. Department, Service, Laboratory, or Equivalent</b>	<b>4. Office Phone</b> (country code, city code, number, extension)
<b>5. Office Mailing Address</b> (street, city, state, 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.**

**Page 11 – Completed by International Collaborator**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part XII – International Collaborator’s Statement**

**Name of U.S. Applicant** (family name, given name, middle initial)

**Name of International Collaborator** (family name, given name, middle initial)

**International Collaborating Researcher’s Statement**—Submit your statement by utilizing the space below. Your statement may not exceed 7 pages.

1. Please describe how the proposed collaborative effort will advance scientific understanding of drug abuse and addiction (as assessed by significance, approach, innovation, and qualifications). [Lisa: Please align second line with first]
2. Please discuss your plans to collaborate with this applicant and how the collaboration will advance your own research.
3. Please describe your understanding of the U.S. Federal guidelines regarding the conduct of research, and how you and the applicant will ensure that research conducted as a result of this award complies with all NIH and institutional requirements.
4. If applicable, please describe how this proposal will enhance research skills in your home country or in the United States.

**Page 12 – Completed by International Collaborator, Host Institution Department Head,  
and Host Institution Official  
(Must Be Type Written in Black Ink – English Language Only)**

**Part XIII – Host Institution Certifications, Assurances, and Commitment of Resources**

<i>Name of U.S. Applicant (family name, given name, middle initial)</i>	<i>Name of International Collaborator (family name, given name, middle initial)</i>
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The U.S. Distinguished International Scientist Collaboration Award (USDISCA) supports a 1- to 3-month scientific visit by a National Institute on Drug Abuse (NIDA) grantee to the home institution of a collaborating drug abuse researcher from another country. Research conducted in other countries with support from NIDA 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 this U.S. Distinguished International Scientist application as the **Official Signing for Host Institution** is certifying that the host institution and its principals will comply with all NIH terms and conditions. **This signing official must be a separate individual from the collaborating researcher.**

By signing below, the **collaborating researcher** agrees to accept responsibility for the scientific conduct of any research conducted as a result of a USDISCA and to comply with both NIH and institutional regulations.

Furthermore, by signing below, the **Host Institution Department Head** and the **Official Signing for Host Institution** agree that the NIDA grantee applicant for this USDISCA will be in residence at the host institution for the 1- to 3-month period of NIDA support and that during the award period, the host institution will provide the applicant and collaborating researcher with equal access to the institutional resources (such as laboratory, clinical, animal, computer, and office facilities and equipment) required to support the proposed collaboration.

For a complete discussion of the NIH regulations, consult the NIH Grants Policy Statement at <http://grants.nih.gov/policy/policy.htm> or “Section 8 – Research Plan” of the Application for a Public Health Service Grant, PHS 398 Instructions, <http://grants2.nih.gov/grants/funding/phs398/phs398.html>.

Any research conducted as a result of a USDISCA must comply with U.S. 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> </ul> | <ul style="list-style-type: none"> <li>• Drug-Free Workplace</li> <li>• Lobbying</li> <li>• Non-Delinquency on Federal Debt</li> <li>• Research Misconduct</li> <li>• Sex Discrimination (Form HHS 639-A or HHS 690)</li> <li>• Recombinant DNA and Human Gene Transfer Research</li> <li>• Financial Conflict of Interest</li> </ul> |
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**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 terms and conditions of the fellowship award. We are aware that any false, fictitious, or fraudulent statement may subject us to criminal, civil, or administrative penalties.

Signature and Typed Name	E-mail Address	Office Telephone <i>(country code, city/area code, number, extension)</i>	Date <i>(mm/dd/yyyy)</i>
Collaborating Researcher			
Department Head of Host Institution			
Official Signing for Host Institution			

## Reference Report

**Page 13 – Completed by U.S. Applicant and Reference**  
**(Must Be Type Written in Black Ink – English Language Only)**

### Part I – Applicant Information – Completed by Applicant

<b>Name of U.S. Applicant</b> (family name, given name, middle initial)	<b>U.S. Applicant's Home Institution</b>
<b>Name of International Collaborator</b> (family name, given name, middle initial)	<b>International Collaborator's Institution</b>

**Completed Reference Form and Letter of Reference Must Be Postmarked by the Application Deadline of January 1.**  
**Applications without references are incomplete and will not be reviewed.**

### Part II – Reference Information – Completed by Reference

<b>1. Reference's Name and Title</b> (family name, given name, middle initial)	<b>2. Reference's Institution and Address</b> (include city and country)
<b>3. Reference's E-mail</b>	<b>4. Reference's Phone</b> (country code, city/area code, number)
<b>5. Dates Associated With Applicant</b>	<b>6. Reference's Capacity At That Time</b> (teacher, advisor, supervisor, or other)

**Instructions:** The above individual selected you as a reference for his/her USDISCA application. NIDA 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 on the left, rate the U.S. applicant on each item listed below**  
 (as compared with other individuals of similar training and experience with whom you have been associated).

<p><b>0. Insufficient knowledge or not applicable</b></p> <p><b>1. Fair</b> – Below average (lower 40%)</p> <p><b>2. Good</b> – Average (middle 41% to 60%)</p> <p><b>3. Very Good</b> – Above average (upper 21% to 40%)</p> <p><b>4. Excellent</b> – Much above average (upper 6% to 20%)</p> <p><b>5. Outstanding</b> – 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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### Part III – Letter of Reference – Completed by Reference

Please use an additional page to describe in **English** (or 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.

**Attach the Letter of Reference to this completed form and mail (postmarked by January 1) directly to:**

**USDISCA Program, NIDA International Program, c/o IQ Solutions, Inc., 11300 Rockville Pike, Suite 901, Rockville, Maryland, 20852 USA**

<b>Reference's Signature</b>	<b>Date</b>
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