

INVEST Fellowship Application

**Page 1 – Completed by Applicant and Mentor
(Must Be Type Written in Black Ink – English Language Only)**

Part I – Applicant Information		
1. Name of Applicant (family name, given name, middle initial)	2. Advanced Degree(s)	3. Social Security Number (if available)
4. Position Title	5a. Name of Institution	5b. Department, Service, Laboratory, or Equivalent
6. Institution Mailing Address (street address, city, country, postal code)		
7. Office Phone (country code, city code, number)	8. Office Fax Number (country code, city code, number)	9. Office E-mail
10. Permanent Home Address (street address, city, country, postal code)		
11. Home Phone (country code, city code, number)	12. Home or Alternative E-mail	

Part II – Mentor Information	
1. Name of U.S. Mentor	2. Name of U.S. Mentor's Institution
3. Institution Mailing Address (street address, city, postal code)	
4. Office Phone (area code, number, extension)	5. U.S. Mentor's E-mail Address

Part III – Applicant and Mentor – Certification and Acceptance	
<p>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.</p>	
1. Applicant's Signature	2. Date of Applicant's Signature
3. Mentor's Signature	4. Date of Mentor's Signature

**Page 2 – Completed by Applicant and Mentor
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Part IV – Application Checklist

Name of Applicant (family name, given name, middle initial)

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

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

Applicant to Complete and/or Provide the Following:

- Form Page 1—Part I: Items 1–12
- Form Page 1—Part III: Items 18 and 19. Send ORIGINAL of Page 1 to U.S. mentor for his/her signature agreement.
- Form Page 2—Applicant Section
- Form Pages 3–8
- Form Page 7—Research Plan (*not to exceed 10 pages, excluding literature citations*)
- Form Page 13—Reference Report, Part I
- Three references have been requested from:
 1. _____ (Full Name of Current Supervisor)
 2. _____ (Full Name of Colleague/Previous Supervisor)
 3. _____ (Full Name of Colleague/Previous Supervisor)
- Written letter providing assurance of future position, provided by applicant's current employer
- 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.

U.S. Mentor 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—Mentor Section
- Form Pages 9–12
- Letter from institution representative confirming institution as a sponsor for the U.S. Department of State's "J" Exchange Visitor Program and the institution's eligibility to prepare and issue the requisite Form DS-2019 for the INVEST applicant and his/her dependents.

**Page 3 – Completed by Applicant
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Part V – Applicant’s Personal History

Name of Applicant (family name, given name, middle initial)

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

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. Title(s) of Theses/Dissertations.

3. Additional Training (include NIH-sponsored activities or funding).

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

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

Part V – Applicant’s Personal History (Continued)

Name of Applicant (family name, given name, middle initial)

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

4. 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)

5. List your peer-reviewed publications.

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

**Page 5 – Completed by Applicant
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Part VI – Applicant’s Research Proposal

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

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

1. Fellowship Goals—Please provide a 50-word summary of your goals for the fellowship.

2. Research Proposal Abstract—Please limit your abstract to 250 words.

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

Part VI – Applicant’s Research Proposal (Continued)

Name of Applicant (family name, given name, middle initial)

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

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

4. Selection of Mentor and Institution.

A. Explain why you selected this mentor and institution to accomplish your research goals.

B. Explain the research opportunities the U.S. institution and mentor offer that are not currently available in your home country. Key factors in the selection should be described.

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

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

Part VI – Applicant’s Research Proposal (Continued)

Name of Applicant (family name, given name, middle initial)

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

5. Applicant’s Full Research Plan—Submit your research plan by utilizing the space below. Your research plan may not exceed 10 pages not including literature citations.

Describe the proposed Research Plan, including:

- (a) Specific aims
- (b) Background and significance
- (c) Research design and methods
- (d) Compliance with NIH regulations on the conduct of research
- (e) Literature citations (Each citation must include the authors’ names, book or journal titles, volume number, page numbers, and year of publication.)

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

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

**Page 9 – Completed by Mentor
(Must Be Type Written in Black Ink – English Language Only)**

Part VIII – Mentor’s Personal History			
Name of Applicant (family name, given name, middle initial)		Name of U.S. Mentor (family name, given name, middle initial)	
1. Name of U.S. Institution		2. Position and Title	
3. Department, Service, Laboratory, or Equivalent		4. Office Phone (area code, number, extension)	
5. Office Mailing Address (street, city, state, zip code)		6. Office Fax Number (area code, number)	
		7. Office E-mail Address	
		8. Cell Phone (area 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, current employer, and position titles.			

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

Part IX – Mentor's Research and Training Support

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

Additional Grant

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.

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

Training Support

Identify the research support that the mentor will make available to the applicant during the fellowship.

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

Part X – Mentor's Statement

Name of Applicant (family name, given name, middle initial)

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

Mentor's Statement—Submit your statement by utilizing the space below. Your statement may not exceed 10 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. 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 NIH 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.

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

Part XI – Sponsoring Institution Certifications and Assurances

Name of Applicant (family name, given name, middle initial)	Name of U.S. Mentor (family name, given name, middle initial)
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1. Sponsoring Institution's Identification No. (12-digit number) If Known:

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

Funds paid to a NIDA grantee's sponsoring institution under an INVEST 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 INVEST Fellowship application as the **Official Signing for Sponsoring Institution** is certifying that the sponsoring institution and its principals will comply with all NIH 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 an INVEST Fellowship award 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 an INVEST Fellowship award 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.

Typed Name and Signature	E-Mail Address	Office Telephone <i>(area code, number, extension)</i>	Date <i>(mm/dd/yyyy)</i>
Mentor			
Department Head of Sponsoring Institution			
Official Signing for Sponsoring Institution			

Reference Report

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

Part I – Applicant Information – Completed by Applicant

Name of Applicant (family name, given name, middle initial)	Applicant's Home Institution
Name of U.S. Mentor (family name, given name, middle initial)	U.S. Mentor's Institution

Completed Reference Form and Letter of Reference Must Be Postmarked by INVEST Application Deadline of: _____
Applications without references are incomplete and will not be reviewed.

Part II – Reference Information – Completed by Reference

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

Instructions: The above individual selected you as a reference for his/her INVEST Drug Abuse Research Fellowship 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 applicant on each item listed below
(as compared 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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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 deadline) directly to:

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

Reference's Signature	Date
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