National Institutes of Health Office of Extramural Research

# eRA Commons xTrain External / Institutional User Guide

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# DOCUMENT HISTORY

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| | | | | |

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# 1. Purpose

The purpose of this document is to provide guidance on the use of the Electronic Training Activities System (xTrain) to Institutional (external) users. For more information regarding research training and research career opportunities offered by the National Institutes of Health (NIH), please visit the Office of Extramural Research (OER) Grants Training page at http://grants.nih.gov/training/index.htm.

# 2. Scope

This document covers information relevant to Institutional or external users of the xTrain system. It provides a description of xTrain and its user roles; information on institutional training grants and training grant appointments that may be submitted through xTrain; and information on how to access and use the xTrain system.

# 3. Overview

## *What is xTrain?*

xTrain is a web-based program that allows Institutional and Agency users to electronically process and track appointment forms and termination notices required for Ruth L. Kirschstein National Research Service Awards (Kirschstein-NRSA) and other training grants. The Kirschstein-NRSA website can be accessed by going to http://grants.nih.gov/training/nrsa.htm. The list of grant types eligible for xTrain can be found at http://era.nih.gov/services_for_applicants/other/xTrain.cfm.

Grantee institution staff can use xTrain to:

- Create, route, and submit Appointments, Re-appointments, Amendments and Termination Notices
- Track the status and timing of training actions

The xTrain interfaces are used by both NIH Electronic Research Administration (eRA) Agency (internal) and Institutional (external) users. This document encompasses xTrain capabilities available to external users. The *xTrain External User Guide* as well as additional reference material is available on the Commons Support Page: http://era.nih.gov/commons/index.cfm.

xTrain eliminates the need for signed paper forms, except in the following situations:

- Permanent U.S. residents must submit a signed and notarized statement certifying that they have (1) a Permanent Resident Card (USCIS Form I-551), or (2) other legal verification of such status

- Signed hard copies of *Payback Service Agreements* are required for postdoctoral trainees in their first year of Kirschstein-NRSA support

### *Kirschstein-NRSA Training Grants*

NIH awards Kirschstein-NRSA institutional training grants (xTrain activity codes only) to eligible institutions in order to develop or enhance research-training opportunities for individuals, selected by the institution, who are training for careers in specified areas of biomedical, behavioral and clinical research. (*See* http://grants.nih.gov/training/nrsa.htm.)

The Kirschstein-NRSA program supports pre-doctoral, postdoctoral, and short-term research training, as well as limited specialized support at the pre-baccalaureate level. For more information relating to NRSA Institutional Training Grant Funding Opportunities, go to http://grants.nih.gov/training/T_Table.htm

## xTrain Activity Codes

*Activity Code:* A three-character code used to identify a specific category of extramural research activity, applied to various funding mechanisms.

The table below shows a list of xTrain Activity Codes, including their status of implementation as of March 2009.

| Activity Code | Supported |
|---|---|
| T32 | Yes |
| T35 | Yes |
| T90 | Yes |
| TL1 | Yes |
| TU2 | Yes |
| T34 | Yes (starting from June 2009 OOC Release) |
| T15 | Yes (starting from August 2009 OOC Release) |
| KL2 | Yes (starting from August 2009 OOC Release) |
| Kl2 | Yes (starting from August 2009 OOC Release) |

*Table 1: Activity Code List.*

## Kirschstein-NRSA Training Grant Uses

Grant funds may be used for personnel, equipment, supplies, trainee stipends (both pre and postdoctoral), and related costs.

## Kirschstein-NRSA Training Grant Duration

Trainees under Kirschstein-NRSA institutional research training grants generally are appointed for full-time 12-month continuous periods. An appointment or reappointment may not exceed 12 months without prior approval by the NIH awarding office.

With the exception of specifically designated short-term research training positions, no trainee may be appointed under a regular Kirschstein-NRSA institutional research training grant for less than nine months except with the prior written approval of the NIH awarding office and then usually only to complete a planned program of training. An initial appointment of less than nine months may be allowed as long as an assurance is included that the individual will be immediately reappointed in the subsequent year so that the cumulative continuous training period is at least nine months.

All Trainees are required to pursue their research training full time, normally defined as 40 hours per week or as specified by the grantee in accordance with its own policies. Unless the NIH awarding office furnishes other instructions, the amount of the stipend, tuition, and fees for each full period of appointment must be obligated by the grantee from funds available when the individual begins training.

### *xTrain Forms Supported*

xTrain supports electronic submission of the following forms:

- Statement of Appointment Form (PHS 2271)
- Termination Notice (PHS 416-7)
- Payback Agreement (PHS 6031)—This agreement is available for download/printing with instructions for signing and submitting the agreement via postal mail. xTrain will populate the basic information prior to printing

Form-specific information and instructions can be found at http://grants.nih.gov/grants/forms.htm.

## *xTrain External User Roles*

| External User Role | Description |
|---|---|
| BO<br>(Business Official) | A Business Official has signature or other authority related to administering grantee institution training grants. |
| SO<br>(Signing Official) | A grantee institution's Signing Official has authority to legally bind a grantee institution for grant matters. |
| PD/PI<br>(Program Director/Principal Investigator) | The Program Director or Principal Investigator is responsible for the overall direction of the training program and has the skills, knowledge and resources necessary to organize and implement a high quality research training program. In Commons, this role is called the PI role but is used for PDs as well.<br>The PD/PI selects and appoints Trainees, amends appointments (when necessary), and initiates Termination Notices. |
| PD/PI Delegate<br>(ASST) | An ASST user is a grantee institution individual that is delegated authority to perform Program Director/Principal Investigator xTrain training appointment functions. A user with the ASST role cannot submit appointments. |
| Trainee | A student or post doctorate who will be appointed as a Trainee on a training grant. |

*Table 2: External User Roles.*

**NOTE:** The Signing Official (SO), Administrative Official (AO) and Accounts Administrator (AA) can grant Business Official (BO), Principal Investigator (PI) or Assistant (ASST) roles to individuals within the grantee institution. Signing Officials can also give Business Official privileges to themselves. Trainees without eRA accounts will be invited to register as part of the xTrain appointment process.

For more information on xTrain external user roles see the eRA Commons Roles list at http://era.nih.gov/files/eRA_Commons_Roles.pdf

# 4. Accessing xTrain

xTrain user interfaces and functionality are accessed from the Commons module. An eRA Commons account is needed in order to use xTrain.

See the *NIH eRA Commons System User Guide* and corresponding subsections listed below for details on accessing the Commons System and obtaining a Commons user account:

- System Requirements
- Accessing the Commons
- Password Policy
- Getting Help

To login to xTrain:

Login to eRA Commons at https://commons.era.nih.gov/commons/. If you have forgotten your password, select the **Forgot Password** link.

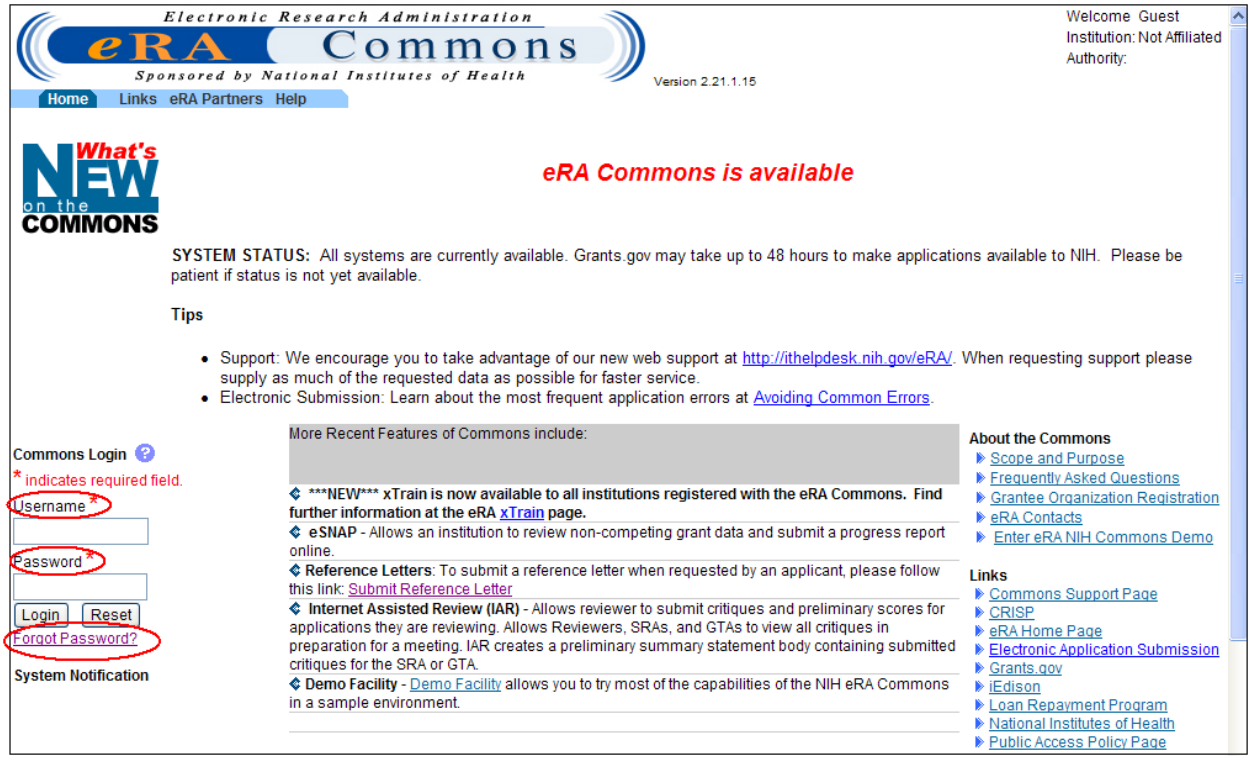



*Figure 1: Commons Login Fields.*

Once logged in, on the navigation bar at the top of the screen, click the **xTrain** tab.

*Figure 2: Commons—xTrain Link.*

When accessing xTrain, the system displays the appropriate screen based on the user's role. Table 2 below lists external user roles, the default screen displayed at xTrain access for the user role, and the page number within this document that provides an example screen image.

| **Role** | **Default Screen Display** | **Default Screen Image** |
|---|---|---|
| PD/PI | My Grants | Figure 3 |
| ASST with xTrain delegation | My Grants | Figure 9 |
| Trainee | Appointments and Terminations | Figure 10 |
| SO ***or*** BO | List of Grants Search | Figure 11 |

*Table 3: Initial xTrain Access*

xTrain will only populate lists with grants associated with the eRA Commons account with which the user is logged in. If you have had multiple eRA Commons accounts, you may need to merge the historical information associated with your accounts.

## *Accessing xTrain – PD/PI*

PI users are brought to the *My Grants* screen when the **xTrain** tab is selected. This screen displays all training grants for which the user is listed as being the PD/PI.

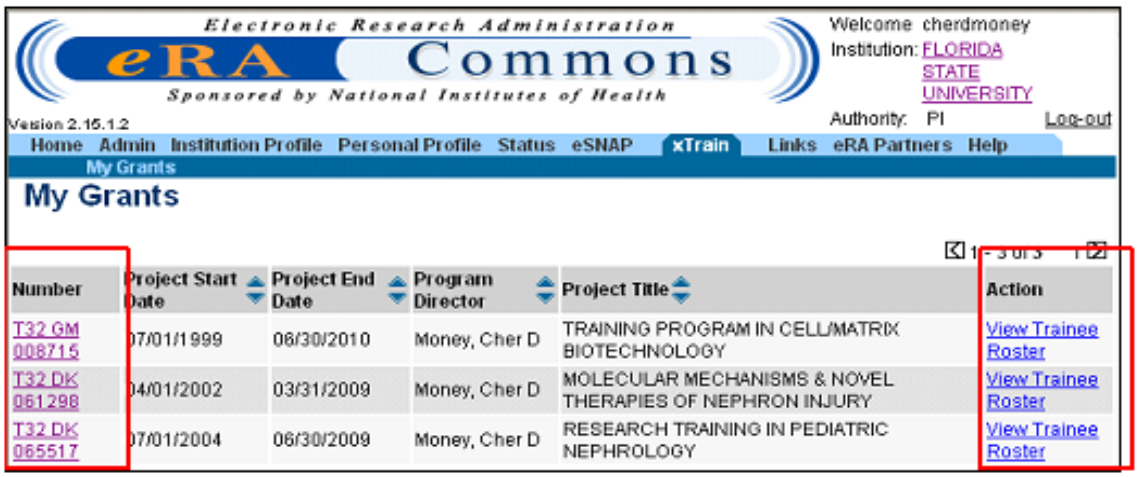



*Figure 3: My Grants Screen.*

**NOTE:** In some circumstances, an individual may have both the PD/PI and Trainee roles. If the PD/PI was a trainee in the past, he or she will see an additional tab – My Appointments and Termination, which is discussed in the section *Accessing xTrain – Trainee*, below.

Clicking on any grant number will take the user to the *Grant Summary* page. A sample *Grant Summary* page can be found in Figure 4.

*Estimated Number (#) of Trainees* refers to the number of slots available for the specified training period. The *Number (#) of Accepted Appointments* refers to the number of paper or electronic appointments already accepted by the Agency for the specified training period.

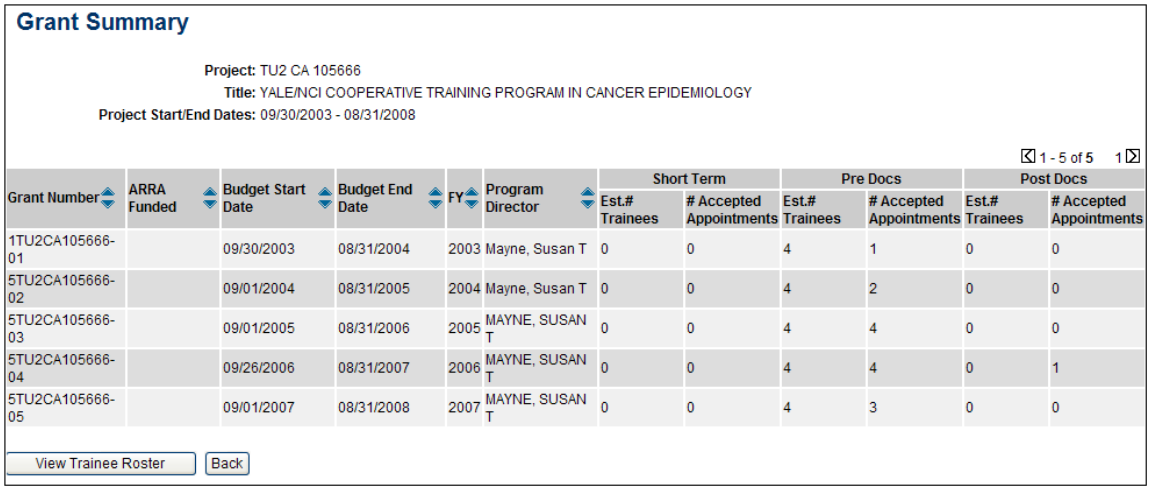



*Figure 4: Grant Summary Page.*

Clicking the **View Trainee Roster** link will take you to the *Trainee Roster* page.

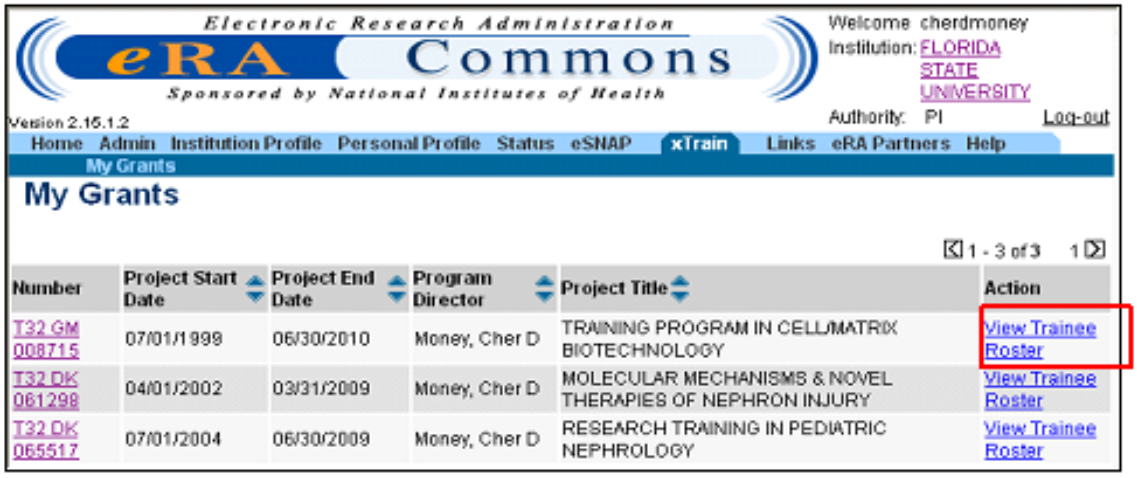



*Figure 5: View Trainee Roster Hyperlink.*

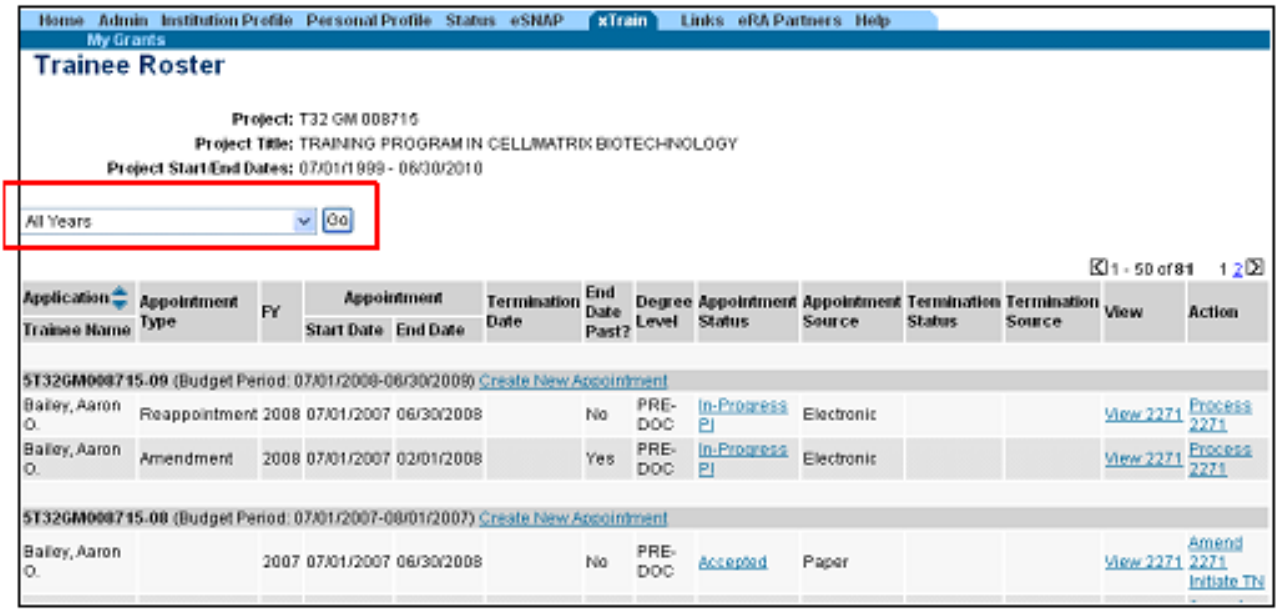
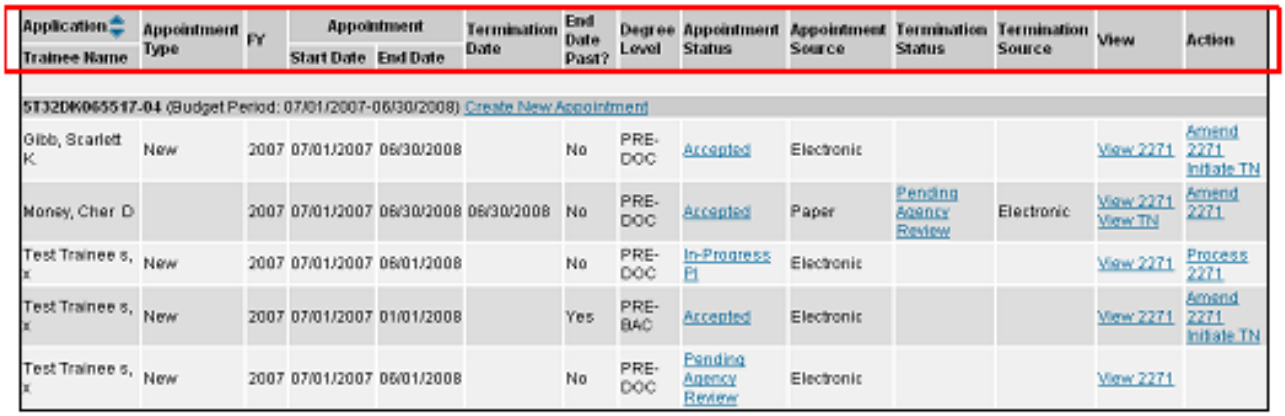



*Figure 6: Trainee Roster Page.*



| Application / Trainee Name | Appointment Type | FY | Appointment Start Date | Appointment End Date | Termination Date | End Date Past? | Degree Level | Appointment Status | Appointment Source | Termination Status | Termination Source | View | Action |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5T32DK065517-04 (Budget Period: 07/01/2007-06/30/2008) Create New Appointment | | | | | | | | | | | | | |
| Gibb, Scarlett K | New | 2007 | 07/01/2007 | 06/30/2008 | | No | PRE-DOC | Accepted | Electronic | | | View 2271 | Amend 2271 Initiate TN |
| Money, Cher D | | 2007 | 07/01/2007 | 06/30/2008 | 06/30/2008 | No | PRE-DOC | Accepted | Paper | Pending Agency Review | Electronic | View 2271 View TN | Amend 2271 |
| Test Trainee s, x | New | 2007 | 07/01/2007 | 06/01/2008 | | No | PRE-DOC | In-Progress PI | Electronic | | | View 2271 | Process 2271 |
| Test Trainee s, x | New | 2007 | 07/01/2007 | 01/01/2008 | | Yes | PRE-BAC | Accepted | Electronic | | | View 2271 | Amend 2271 Initiate TN |
| Test Trainee s, x | New | 2007 | 07/01/2007 | 06/01/2008 | | No | PRE-DOC | Pending Agency Review | Electronic | | | View 2271 | |

*Figure 7: Trainee Roster Page - Column Headings.*

The different possible choices for each of the columns on the *Trainee Roster* page are listed below:

(1) Appointment Type:

- New
- Re-appointment
- Amendment

(2) Appointment Status:

- Pending Agency Review
- On Hold by Agency
- On Hold by Agency – Waiting Paper Signature
- In Progress PI
- In Progress Trainee
- In Progress BO

(3) Appointment/Termination Source:

- Paper
- Electronic

(4) Termination Status:

- In Progress BO
- In Progress PI
- In Progress Trainee
- Pending Agency Review
- On Hold by Agency

- Accepted

(5) View:

- View 2271
- View TN
- View Payback

(6) Action:

- Process 2271
- 2271 Form
- Amend 2271
- Initiate TN
- Process TN
- Reappoint 2271 (This only appears when there is an awarded future year for the grant to which the Trainee has not already been appointed.)

## *Accessing xTrain – ASST*

PD/PI delegates (ASSTs) are brought to the *My Grants* screen when the **xTrain** tab is selected. This will bring up the *My Grants – Select Delegator* screen.

*Figure 8: My Grants – ASST Screen.*

If multiple PD/PIs have delegated xTrain authority to the same ASST, the ASST must select a specific PD/PI from the dropdown list and then click **Select Profile**.

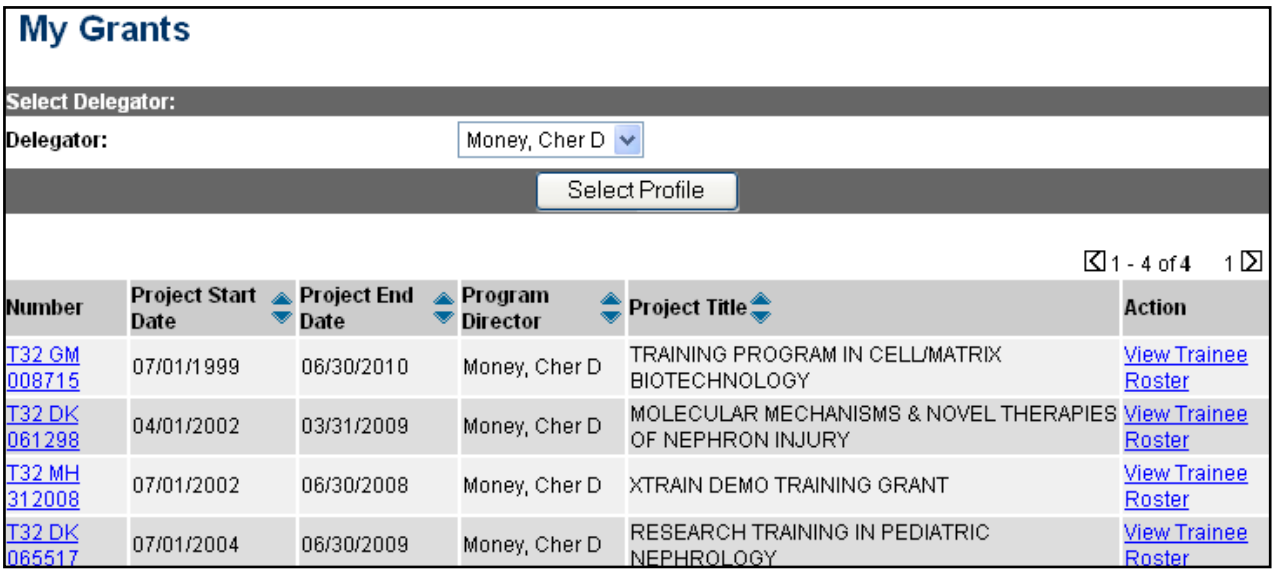



*Figure 9: Select Delegator Screen.*

## Accessing xTrain – Trainee

Trainees are brought to the *My Appointments and Terminations* screen, which will list the Trainee Appointments and Terminations.

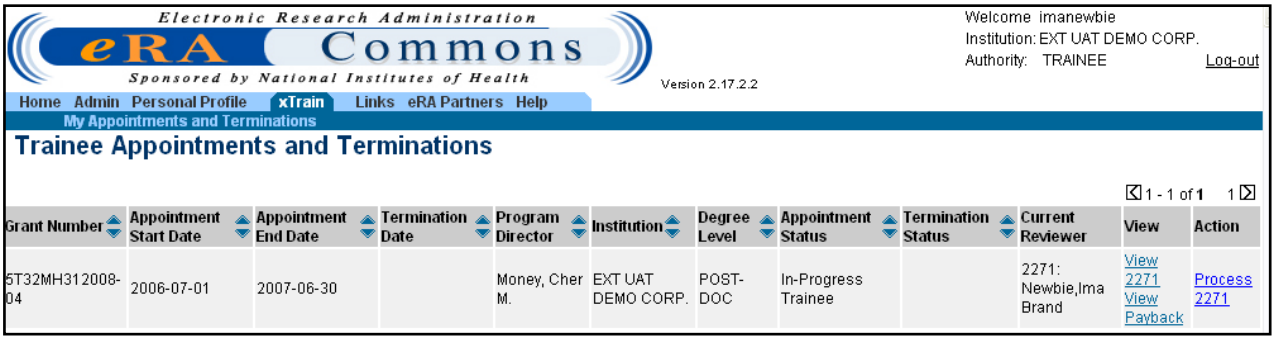



*Figure 10: Trainee Appointments and Terminations Screen.*

**NOTE:** In some circumstances, an individual may have both the Trainee and PD/PI roles. If the trainee has applied for a fellowship or other award from the Agency in the past, he or she will see an additional tab – **My Grants** as discussed in section *4.1 Accessing xTrain – PD/PI.*

## Accessing xTrain – Admin (SO, BO)

After accessing xTrain, Admin users (BO, SO) are brought to the *Search for Grants* screen.

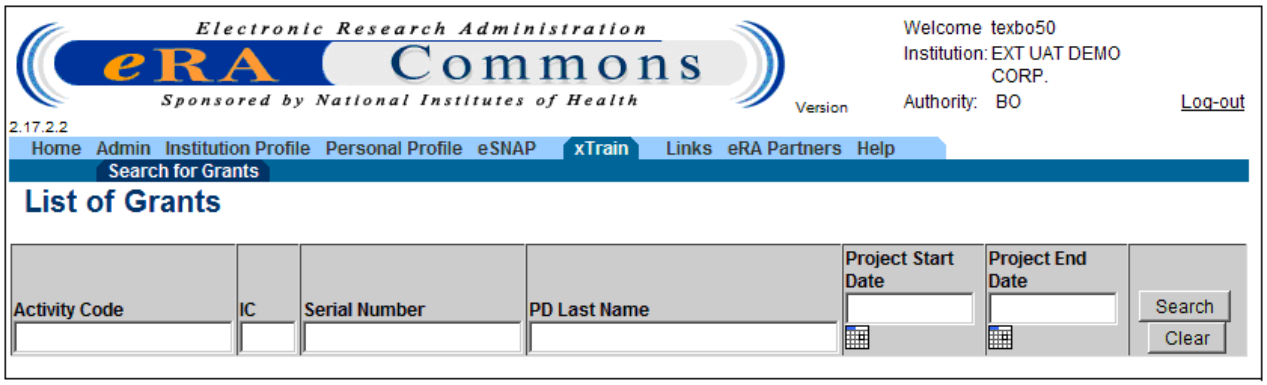



*Figure 11: Search for Grants Screen.*

## *Exiting xTrain*

To exit xTrain:

Click the **Log-out** link located in the upper right corner of the screen.

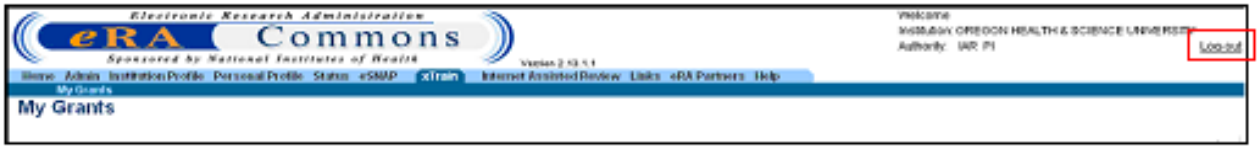



*Figure 12: Logout Link Screen.*

# 5. Account Setup

## *Account Setup – PD/PI*

eRA Commons users with the SO role or AA role can create accounts with BO, PD/PI or ASST roles or they can add these roles to existing accounts. Trainees without eRA accounts will be invited to register as part of the xTrain appointment process.

To create an eRA Commons account for a Trainee

1. PD/PI or Delegate will click **Create New Appointment** under the desired budget period they want to add Trainee.
2. Click the **Identify Trainee** link.

*Figure 13: Enter Trainee Commons User ID Screen.*

3. Provide search criteria then click **Search**.

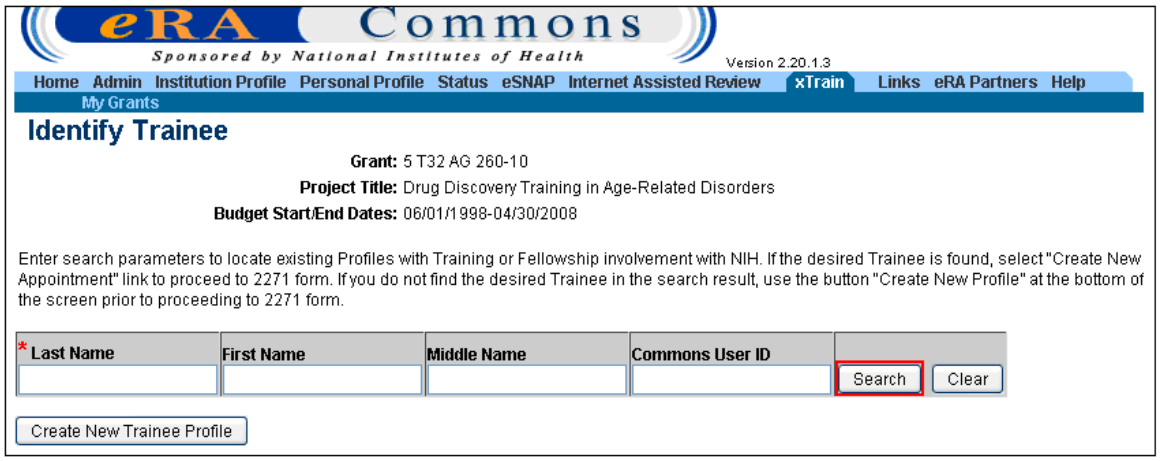



*Figure 14: Identify Trainee.*

**NOTE**: Wild-card character (%) is allowed after the first three letters of the Last Name.

4. If no records are found, you can refine the search and try again.

   OR

   If unable to find a match, select **Create New Trainee Profile**.

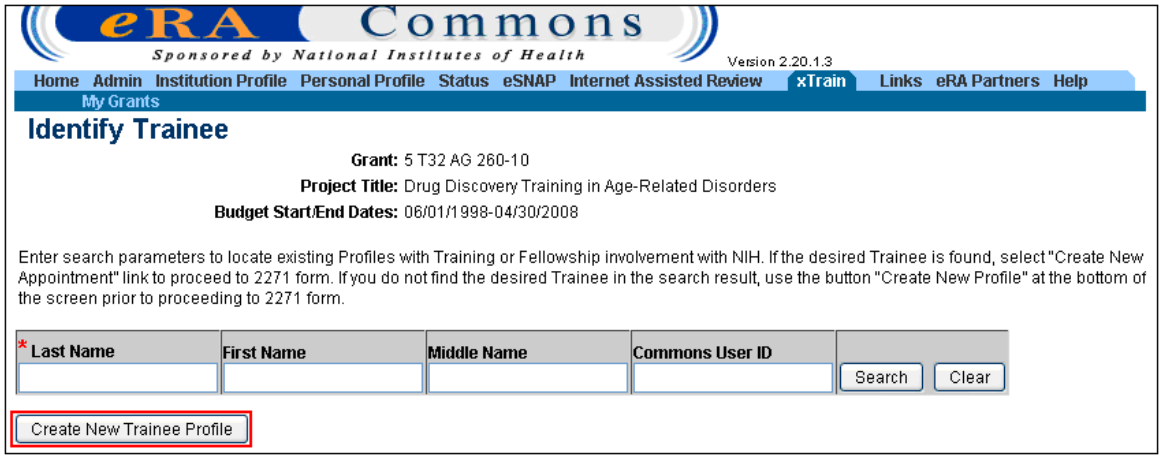



*Figure 15: Create New Trainee Profile Button.*

5. Provide required info then click **Continue**.

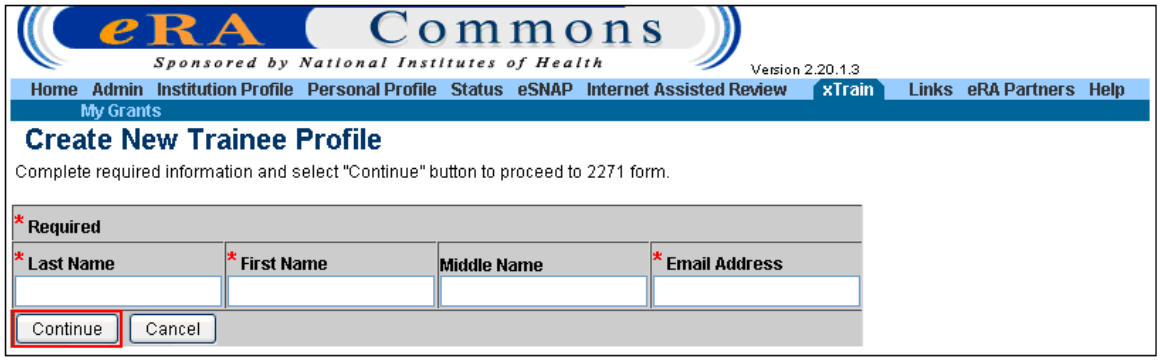



*Figure 16: Create New Trainee Profile Screen.*

6. The *Statement of Training Appointment* screen will appear.

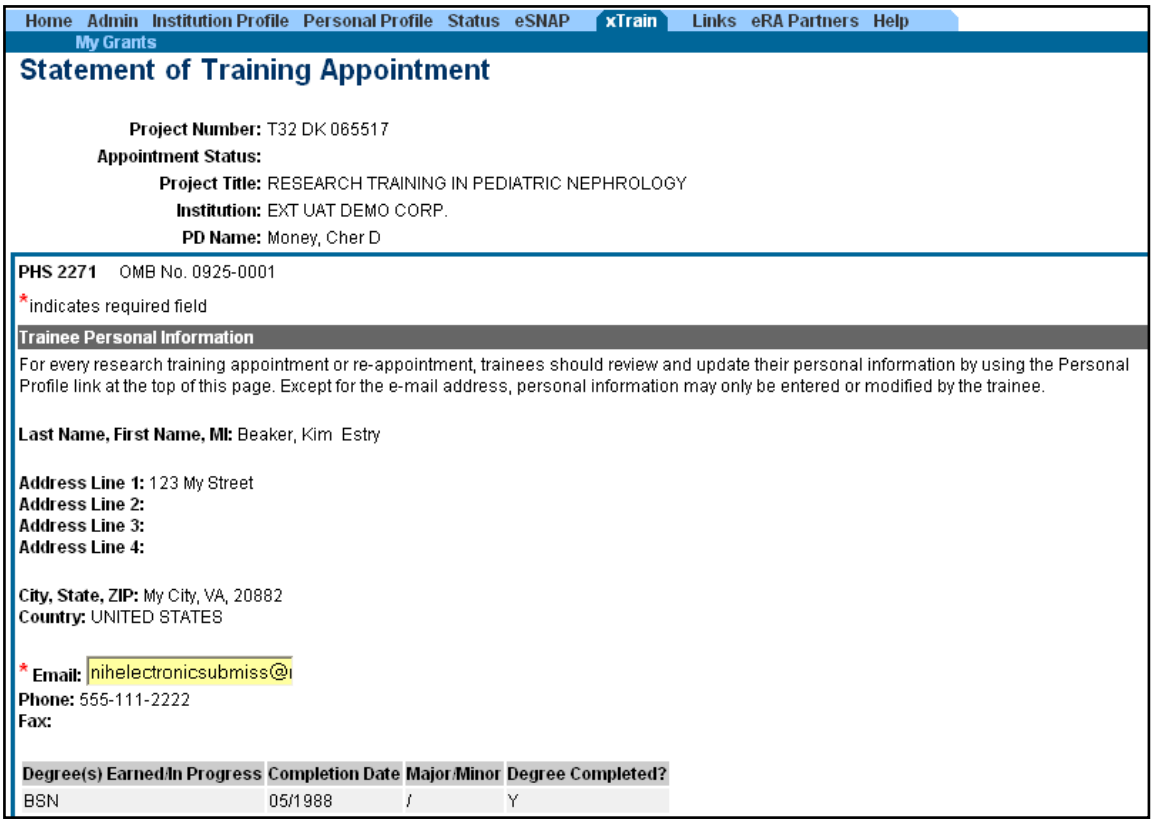



*Figure 17: Statement of Training Appointment (2271 Form – Top Portion)*

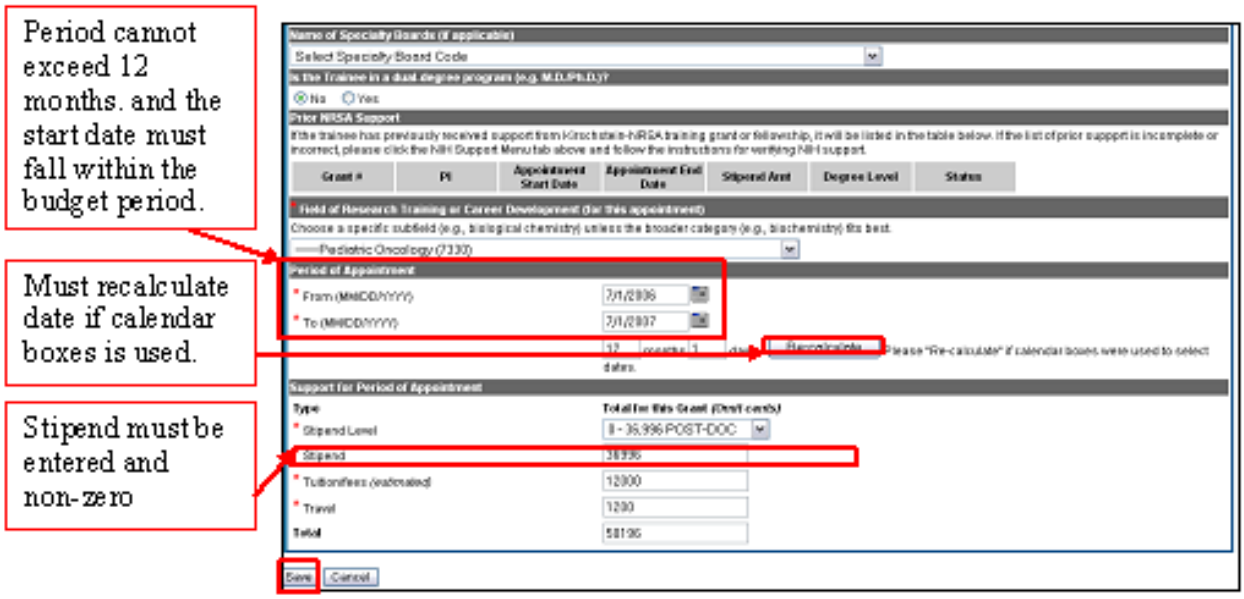



*Figure 18: Statement of Training Appointment (2271 Form – Bottom Portion)*

7. Enter in all the required fields then click **Save**.

8. The *Invite Trainee to Register* screen has 2 options:

    a. Invite Trainee Now

    b. Invite Trainee Later

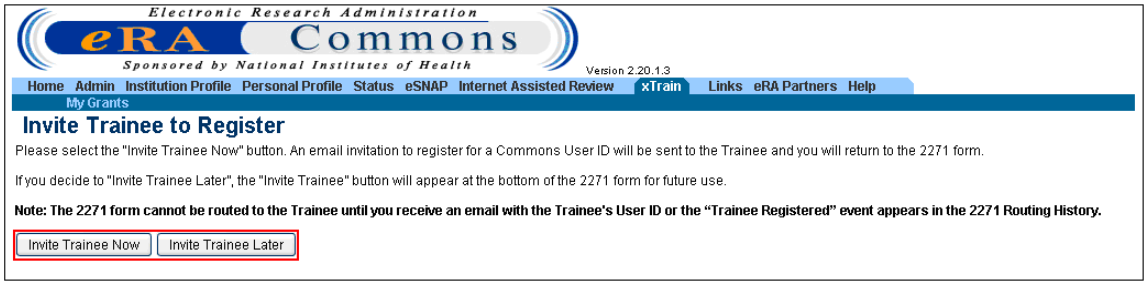



*Figure 19: Invite Trainee to Register Screen.*

If **Invite Trainee Now** is selected, the system sends an email to the Trainee. Within the email will be a link to begin *Creating a New Account*.

If **Invite Trainee Later** is selected, you will return to the 2271 form. The **Invite Trainee** button will appear at the bottom of the 2271 form for future use.

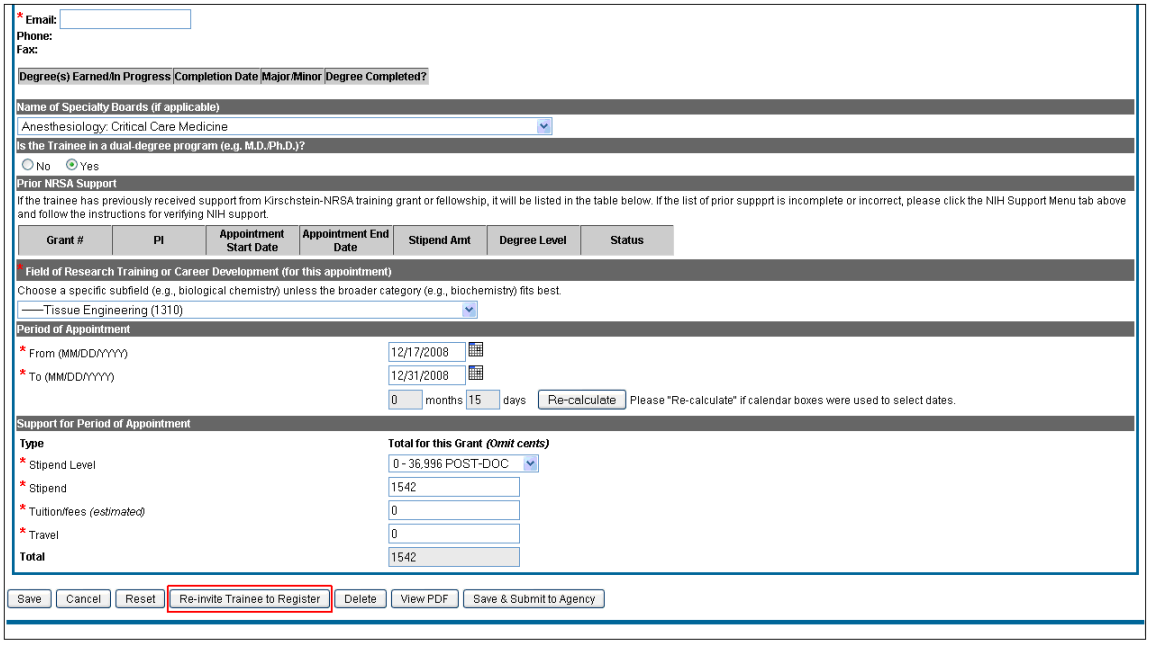



*Figure 20: Invite Trainee Later Screen.*

Processing of the 2271 form cannot be continued until the Trainee has registered. This event appears in the 2271 *Routing History*.

## *Account Setup – Trainee*

The Program Director/Principal Investigator (PD/PI) initiates the Trainee's training appointment within the xTrain system and routes the *Appointment Form* (2271) to the Trainee. The Trainee uses xTrain to complete the form and route it back to the PD/PI with his or her electronic signature. A similar process is used again at the end of a Trainee's Appointment with a *Termination Notice*.

**NOTE:** Trainee must be a U.S. citizen or permanent resident at the time of the appointment.

### Setting Up eRA Commons Account

If you already have an account, the Trainee role will be added, and you will be asked to update your *Personal Profile*.

If you do not have an eRA Commons account, the xTrain system will automatically send you an e-mail with a link and instructions for registering in Commons as part of the Appointment or Termination process.

Dear Trainee:

This is a system-generated invitation to the eRA Commons xTrain website in connection with your participation as a Trainee for Program Director (Name intentionally removed) on a Grant 5T (Number intentionally removed)

To participate in the Appointment and/or Termination forms submission, you will need to log on to the eRA Commons website with a user name and password.

Please visit this web site to create your account as soon as possible. Open your Web browser and go to the URL https://commons.test.era.nih.gov/commons/t.do?code=079f0790af0ff7eb&code2=53d4be4000826961 (You can copy and paste this address into the "Location" window of your browser, and press Enter. If the URL doesn't work, make sure it is complete and hasn't been broken over multiple lines. If the URL spans more than one line make sure you are entering all of it in the location window of your browser and that there are no spaces in the address.)

Follow the instructions on the screen to enter information about yourself and select your user name and password. Our policy states that passwords must contain letters, numbers and special characters. You will also be asked to verify the public information that NIH has on file to ensure your information is both accurate and complete.

After submitting your registration request, you should receive an email within 2- 5 business days indicating that your account is active. This email will contain the URL for the eRA Commons web site. Please note that you cannot use the eRA Commons xTrain system until your account is active.

If you have any questions about this email, please contact the eRA Help Desk at our preferred method of contact http://ithelpdesk.nih.gov/eRA/ or call 1-866-504-9552 (TTY: 301-451-5939) or commons@od.nih.gov <mailto:commons@od.nih.gov>.

*Figure 21: Sample e-mail Letter to Trainee*

At a minimum, enter information into all required (*) fields and click **Continue**.

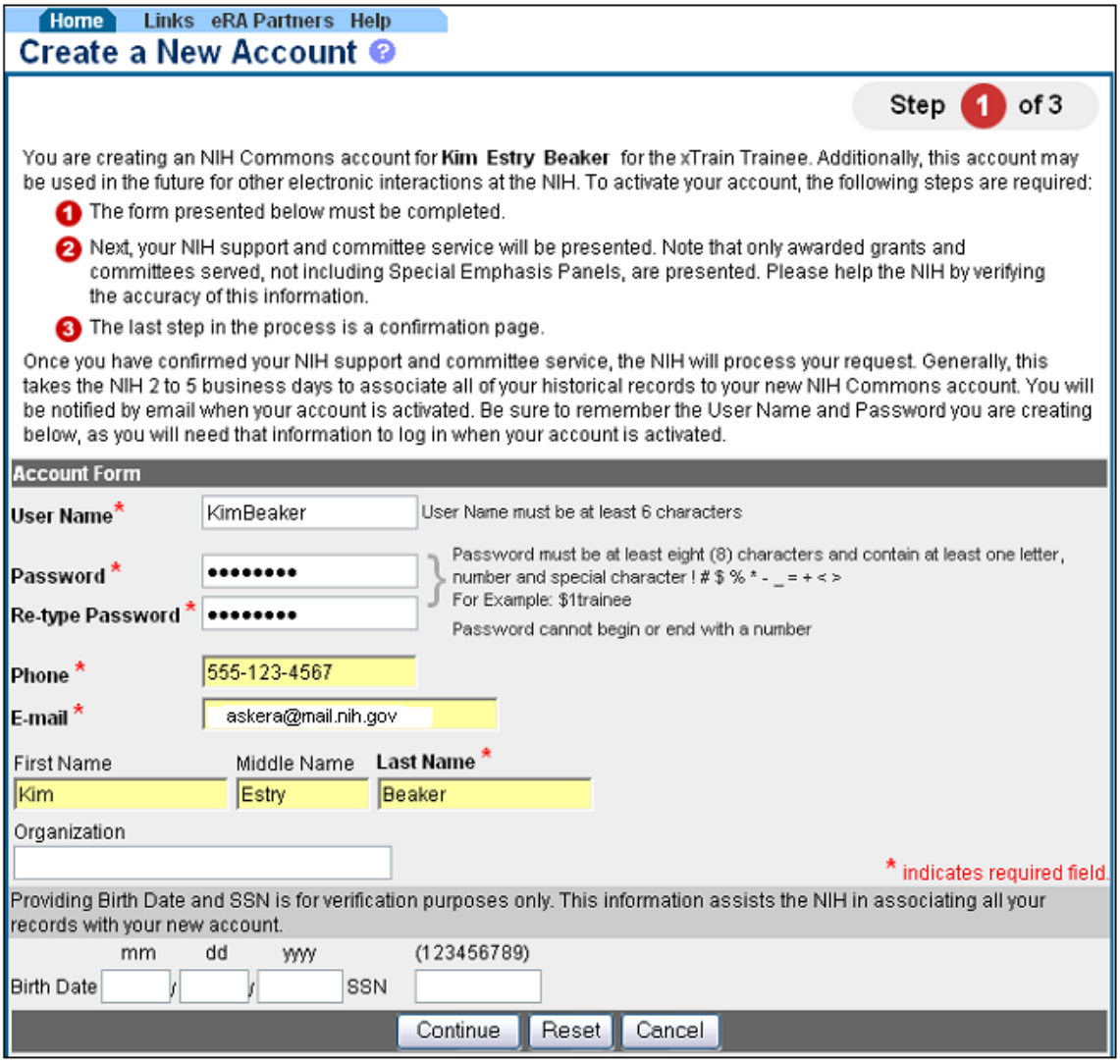



*Figure 22: Create a New Account Screen.*

In the provided field, enter comments (if needed) and then click **Continue Account Request**.

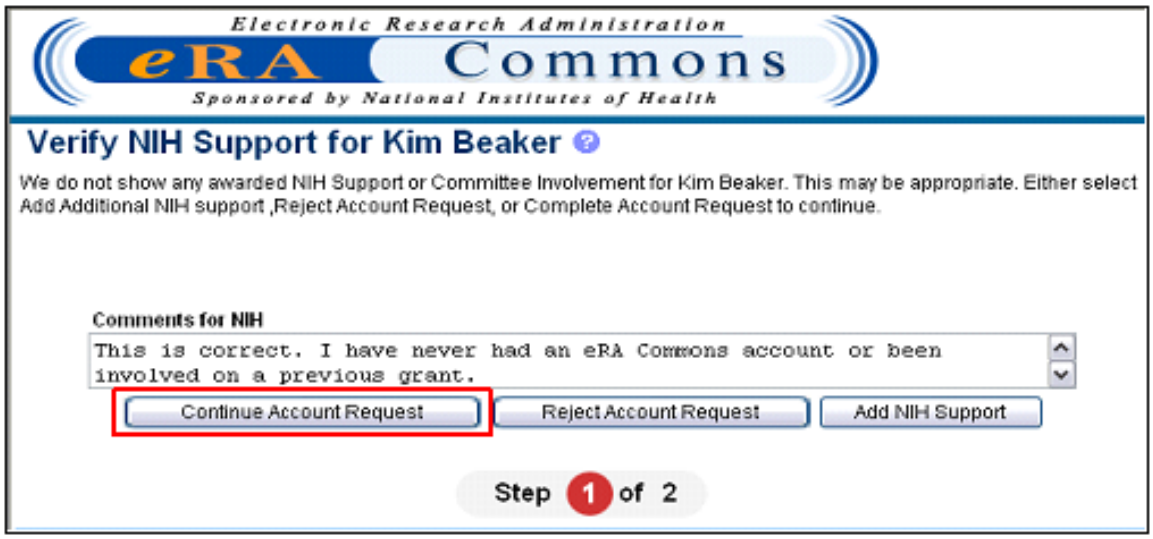



*Figure 23: Verify NIH Support Screen.*

Click **Complete Account Request** to complete the account request process.

*Figure 24: Complete Account Request Screen.*

The Trainee will receive an email within 2-5 business days indicating that their account is active.

# 6. Personal Profile

Each eRA Commons account has an associated *Personal Profile* screen that includes information specific to the account holder.

Personal profile information is used to pre-populate appointment and termination forms in xTrain. The xTrain system will check to ensure that you have provided all the necessary information prior to routing your xTrain forms back to the PD/PI.

## *Creating Personal Profile*

Once an xTrain Trainee account is created (for instructions on creating a Trainee account *See* section *Account Setup*) the Trainee must log into eRA Commons and access each of the trainee specific Personal Profile pages to provide the information used to populate xTrain-related forms.

xTrain will check the Trainee's Profile during the Appointment and Termination process and will generate Errors and/or Warnings if expected information is not provided or conflicts with NIH policies for the designated type of appointment.

In order to complete their personal profile successfully, the user must enter information in each of the tabs listed below the **Personal Profile** tab:

- Personal Information
- Race/Ethnicity
- Residential Address
- Degrees/Residency
- Trainee Specific

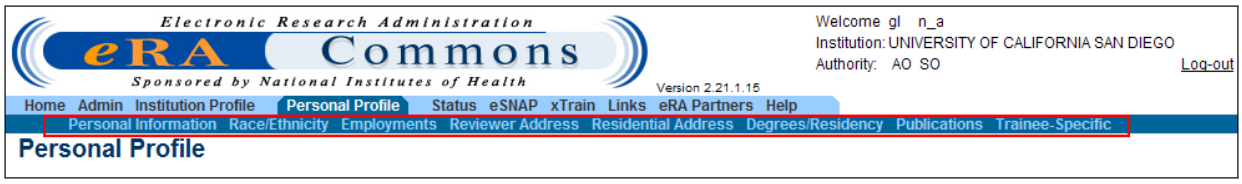



*Figure 25: Personal Profile Tab.*

Carefully fill out your *Personal Profile*, paying particular attention to:

- *Personal Information* screen:
  - Gender
  - Social Security Number (SSN) – Trainees are asked to voluntarily provide the last four digits of their SSN. This helps the Agency identify you and manage your records in the eRA system.
  - Citizenship *
  - Date of Birth (DOB)

  - Disabilities *
- *Race/Ethnicity* screen:
  - Race
  - Ethnicity
- Residential Address
- *Degrees/Residency* screen:
  - Enter all relevant degrees earned or in process
- *Trainee-Specific Information* screen:
  - Questions about outstanding U.S. Federal debt and disadvantaged background. Provide explanation, if necessary.
- Race/Ethnicity/Disability/Disadvantaged Background: Responses to these items will help provide statistical information on the participation of individuals from diverse groups in Agency programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability, and/or disadvantaged background.

**NOTE:** Items with an asterisk are required fields for trainees although they are not marked with an asterisk on the screens.

## Personal Profile Fields Checked by xTrain

The xTrain system relies on having current and complete information in a trainee's personal profile in eRA Commons. If xTrain identifies an issue with invalid or missing trainee profile information, an error will be generated and it must be corrected before completing the xTrain function.

Trainees must keep their profiles up to date, paying special attention to the following fields that are checked within xTrain:

- *Personal Information* screen: gender, citizenship, disabilities, SSN (requested but not required), and date of birth.
- *Race/Ethnicity* screen: ethnicity and race(s).
- *Residential Address* screen: Trainee should provide permanent address (i.e., where trainee can be reached after the completion of the program)
- *Degrees/Residency* screen: enter all relevant degrees earned or in process, and residency information, if applicable.
- *Trainee-Specific Information* screen: answer all the required questions and provide an explanation, if necessary.

## Personal Information

The following fields on the *Personal Information* screen are checked by xTrain:

- First Name
- Last Name
- DOB – Date of birth
- Citizenship
- Disabilities
- eRA Email

**NOTE:** The *eRA Email* field is used for xTrain notifications and the *Forgot Password* function and should be the same email address used when the user registered with eRA Commons.

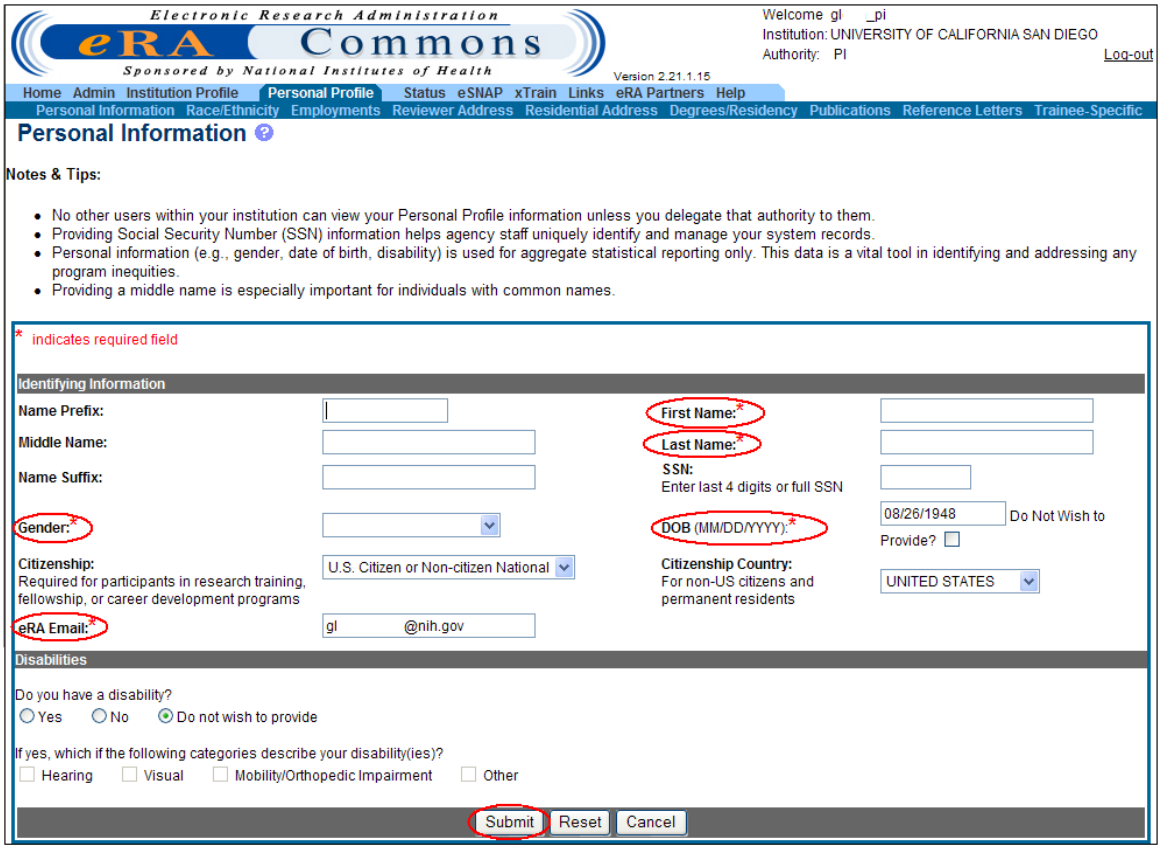



*Figure 26: Personal Information - Required Fields.*

Once all information has been entered into the *Personal Profile* screen, click **Submit**.

**NOTE:** Because the *Personal Profile* module is used by multiple eRA services, some fields are required only in specific circumstances. In addition, not all fields that are checked are marked as required on the profile screens.

## Citizenship

Check the box corresponding to your citizenship and visa status. If not a U.S. citizen, list the country of citizenship.

Kirschstein-NRSA trainees must be U.S. citizens, non-citizen nationals, or permanent residents of the United States. A noncitizen national is an individual who, although not a citizen of the United States, owes permanent allegiance to the United States. Individuals in this category are generally born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration (e.g., American Samoa).

Following the submission of their appointment through xTrain, trainees who are permanent residents of the U.S. must submit a signed and notarized statement certifying that they have (1) a Permanent Resident Card (USCIS Form I-551), or (2) other legal verification of such status.

### *Race/Ethnicity*

The Race and Ethnicity tab should be selected, and the requested information supplied, after all information under the Personal Information tab has been completed.

*Figure 27: Race/Ethnicity Screen.*

Responses to the items on this screen will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability, and/or disadvantaged background.

Trainees, scholars, and participants are strongly encouraged to provide this information; however, declining to do so will in no way affect their appointments.

This information will be retained by the PHS in accordance with and protected by the Privacy Act of 1974. Racial/ethnic/disability/background data are confidential and all analyses utilizing

the data will report aggregate statistical findings only and will not identify individuals. (*See* the *Privacy Act Statement* for more information at http://www.usdoj.gov/privacy-file.htm.)

Once all information has been entered into the *Personal Profile* screen, click **Submit**.

## Race

Check all of the boxes that apply or check *Do Not Wish to Provide*.

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North, Central, or South America and maintains tribal affiliation or community.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## Ethnicity

The user must select either *Non-Hispanic, Hispanic or Intentionally Withheld*.

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

## *Residential Address*

Trainee should provide permanent address (i.e., where trainee can be reached after the completion of the program). Give an address where the appointed individual can be reached by mail after completion of the program. Do not give present address unless it is considered permanent.

Once all information has been entered, click **Submit**.

*Figure 28: Residential Address Screen.*

## List of Degrees

xTrain will check Degree information as part of the Appointment process as follows:

- PRE-BACCALAUREATE: does not have a bachelor's degree
- PRE-DOC: must have a Bachelor's Degree or equivalent
- POST-DOC: must have a PhD, MD, or equivalent

**NOTE:** Trainee should provide information on degrees in progress and their expected completion date.

Use the **Add New Degree** button to provide new or additional degree information.

*Figure 29: List of Degrees Screen.*

## Medical Residency Information

In order to provide Medical Residency information, at lease one degree has to be reported within the user Personal Profile Degrees/Residency section of Commons.

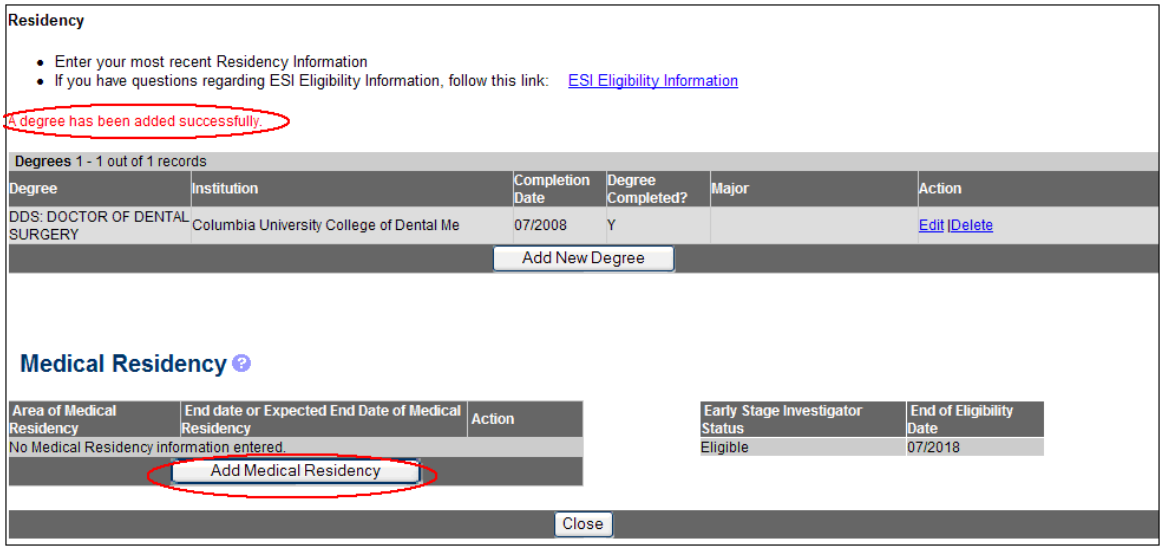



*Figure 30: List of Degrees Screen.*

Once degree information has been registered within Commons, a user can provide either completed or in-progress Medical Residency information by entering minimally the end date, or expected end date in the *Residency* screen.

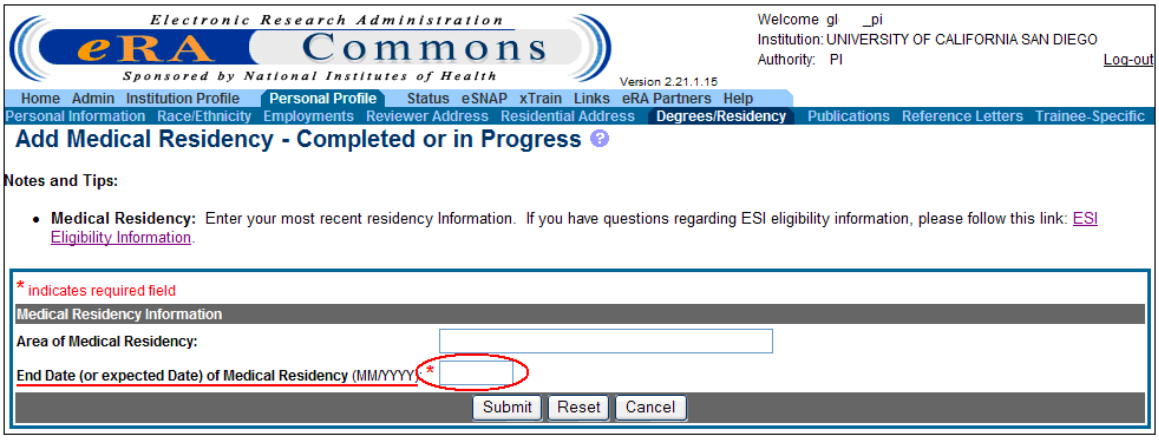



*Figure 31: Add Medical Residency Screen.*

Related to degrees and residency is the Early Stage Investigator (ESI) status associated with the necessary ESI policies. In order to address both the duration of training and to protect the flux of new investigators, the NIH announced a new policy in fiscal year 2009 involving the identification of Early Stage Investigators (ESIs). ESIs are New Investigators who are within 10 years of completing their terminal research degree or within 10 years of completing their medical residency at the time they apply for R01 grants. Applications from ESIs will be given special consideration during peer review and at the time of funding. Peer reviewers will be instructed to focus more on the proposed approach than on the track record, and to expect less preliminary data than would be provided by an established investigator. To this end, degree and residency information is directly related to ESI status. For more information on new and early stage investigator policies, go to http://grants1.nih.gov/grants/new_investigators/index.htm#defearlystage

## Trainee-Specific Information

The *Trainee-Specific Information* screen includes additional information required for participation in Kirschstein-NRSA research training.

*Figure 32: Trainee-Specific Information Screen.*

## Statement of Non-delinquency on U.S. Federal Debt

A "Statement of Non-delinquency on Federal Debt" is required for each particular appointment period and is to be completed by each individual (trainee) appointed to receive financial support under a PHS institutional training grant.

If the prospective trainee is delinquent on Federal debt, the PHS must review the explanation. In such cases, the PHS shall (a) take such information into account when determining whether the prospective trainee is responsible with respect to that appointment, and (b) consider not approving the appointment until payment is made or satisfactory arrangements are made with the agency to which the debt is owed.

Therefore, it may be necessary for the PHS to contact the prospective trainee before the appointment can be approved to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Individuals failing to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving PHS financial assistance.

The PHS awarding component shall notify the grantee institution in writing of its decision regarding the approval of a prospective appointee where this appointment discloses delinquency on Federal debt.

The trainee must check the appropriate box. If the "Yes" box is checked, please provide an explanation in the space provided.

**NOTE:** This question applies only to the trainee being appointed and does not apply to the Program Director submitting the form.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of "delinquency" apply:

- For direct loans and fellowships (whether awarded directly to the applicant by the Federal Government or by an institution using Federal funds), a debt more than 31 days past due on a scheduled financial payment. (This definition excludes service payback under a National Research Service Award.)
- For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.

## Disadvantaged Background

To provide guidance in answering this question, the *Trainee-Specific Information* screen (*See* Figure 32) provides a link to further information on disadvantaged background.

Individuals from disadvantaged backgrounds are typically high school students or undergraduates, and:

- Come from a family with an annual income below established low-income thresholds. These thresholds are based on family size, published by the U.S. Bureau of the Census; adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at http://aspe.hhs.gov/poverty/index.shtml. For individuals from low income backgrounds, the institution must be able to demonstrate that such candidates have qualified for Federal disadvantaged assistance or that they have received any of the following student loans: Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or that they have received scholarships from the U.S. Department of Health and Human Services (HHS) under the "Scholarship for Individuals with Exceptional Financial Need", or
- Come from a social, cultural, or educational environment such as that found in certain rural or inner-city environments that have demonstrably and recently directly inhibited the individual from obtaining the knowledge, skills, and abilities necessary to develop and participate in a research career.

Under extraordinary circumstances the PHS may, at its discretion, consider an individual beyond the undergraduate level to be from a disadvantaged background. Such decisions will be made on a case-by-case basis, based on appropriate documentation. Trainees beyond the undergraduate level should consult with their training grant PD/PIs for further instructions.

# 7. Appointments

A trainee may be appointed at any time during the grant budget period for an appointment period of 9 to 12 months, without prior approval by the NIH awarding office. Appointments can be initiated up to 30 days prior to the start of the appointment period.

At the time of the initial appointment and any subsequent reappointment, the training PD/PI must submit a Statement of Appointment to the NIH awarding office. The Statement of Appointment includes biographical and other information on the trainee and the stipend level for the period of appointment.

In addition to the Statement of Appointment, a signed Payback Agreement must be submitted for each postdoctoral trainee who is in his/her first 12 months of Kirschstein-NRSA postdoctoral support.

For more information concerning the 2271 form, *see* Appendix A – Statement of Training Appointment (Form PHS 2271).

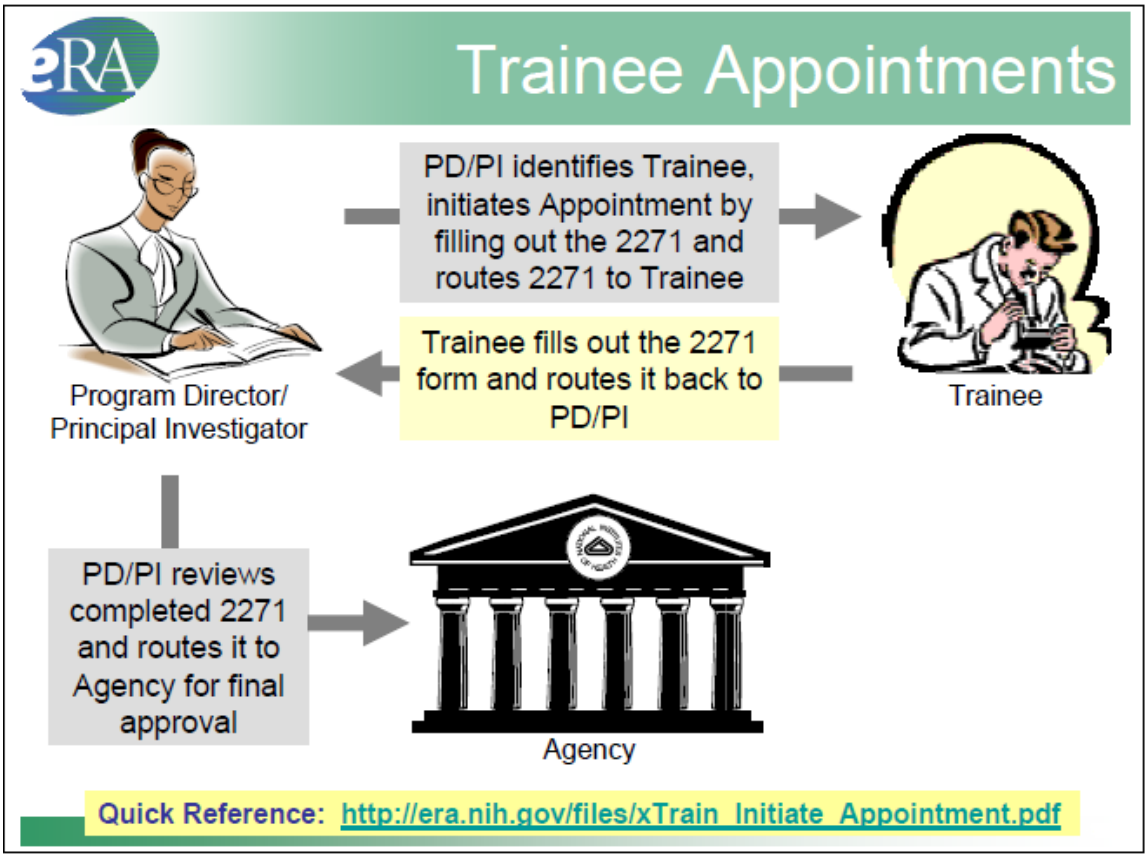



*Figure 33: Appointment Process Flow.*

## *Create New Appointment – PD/PI*

To create an appointment:

1. PD/PI logs into eRA Commons and selects the **xTrain** tab to bring up the *My Grants* screen. PD/PI is presented with a list of his/her grants.
2. PD/PI chooses a grant and clicks the **View Trainee Roster** link.

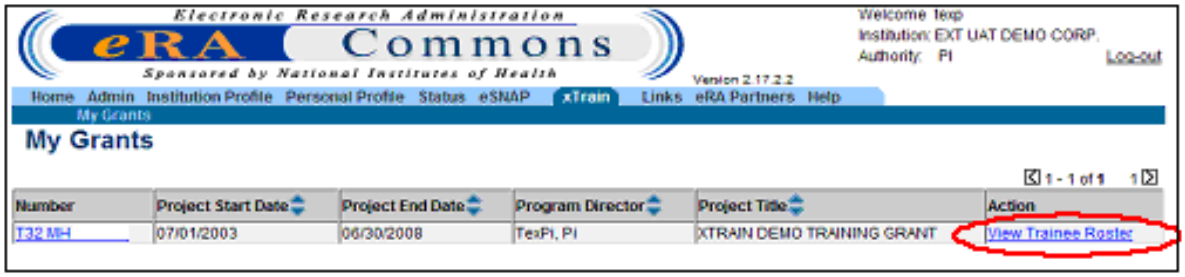



*Figure 34: My Grants Screen.*

3. Click **Create New Appointment** beside the desired grant.

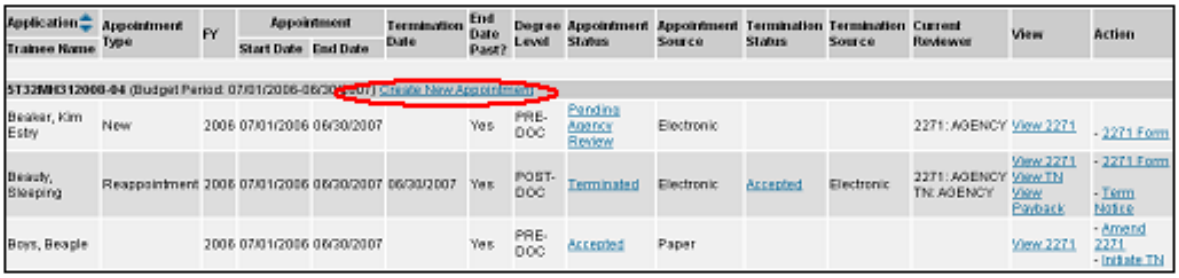



*Figure 35: PD/PI Trainee Roster Screen.*

4. Enter the Trainee Commons User ID in the *Trainee User ID* box then click **Continue**. The system associates the Trainee with the grant and displays the *Statement of Training Appointment* screen.

*Figure 36: Enter Trainee Commons User ID Field.*

If the PD/PI does not have the Trainee User ID, click on the **Identify Trainee** link to enter other search parameters to help locate an existing Trainee User ID or click **Create New Trainee Profile** to create a new trainee profile.

*Figure 37: Identify Trainee Screen.*

After identifying a Trainee, the PD/PI is presented with a 2271 form with some fields pre-populated from the Trainee's Personal Profile.

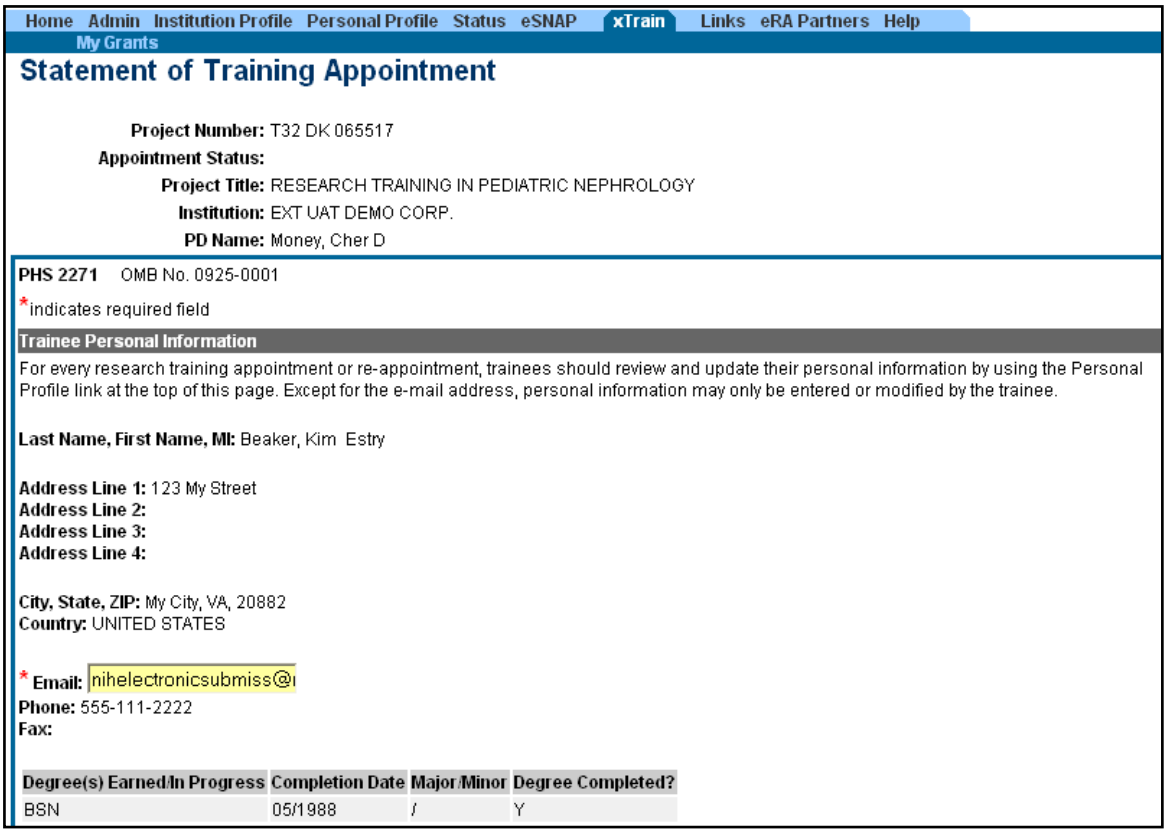



*Figure 38: Statement of Training Appointment (2271 Form) – Top Portion.*

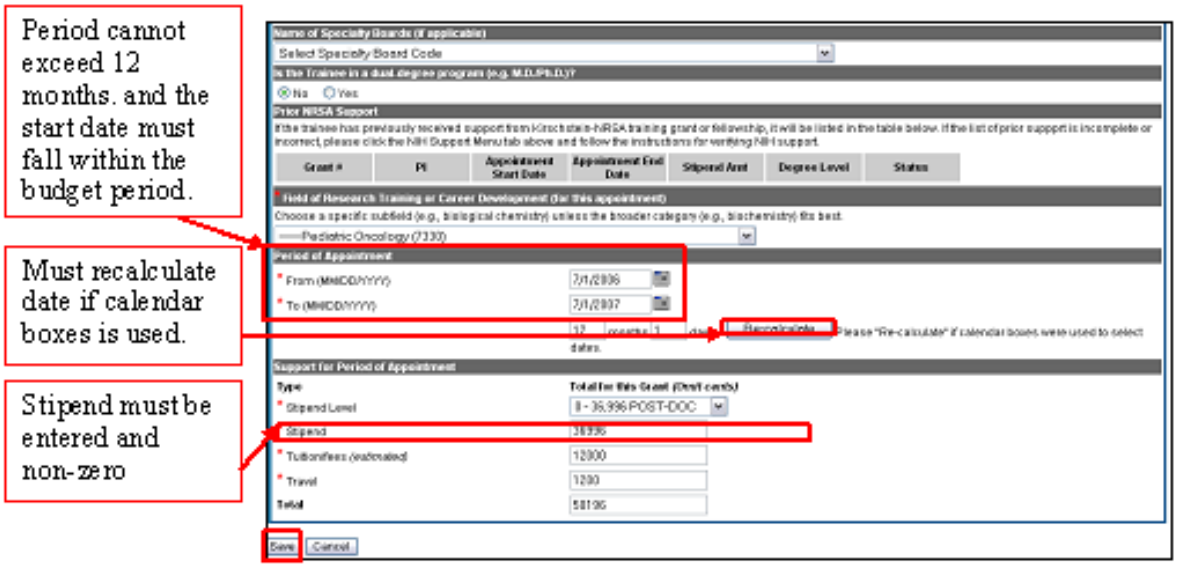



*Figure 39: Statement of Training Appointment (2271 Form) – Bottom Portion.*

5. The PD/PI fills out the additional required (*) information in the Period of Performance and Support for Period of Performance sections, and clicks **Save** to save the form.

Additional action buttons appear at the bottom of the form after the initial save. Once the form is complete, click the **Save & Route to Trainee** button. The system will check the form prior to routing. Any identified errors must be corrected prior to routing. Warnings may be addressed at your discretion.

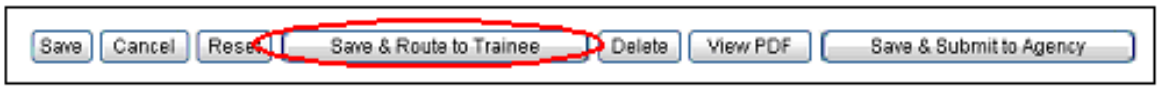



*Figure 40: Additional Appointment Action Buttons.*

6. Provide comments to be sent via e-mail to the next recipient of the form, and then click **Continue**.

*Figure 41: Create Appointment - Provide Comments Screen.*

**NOTE:** Comments can also be seen from the Routing History.

7. After the Appointment Initiation Confirmation notice appears, click **Done**.

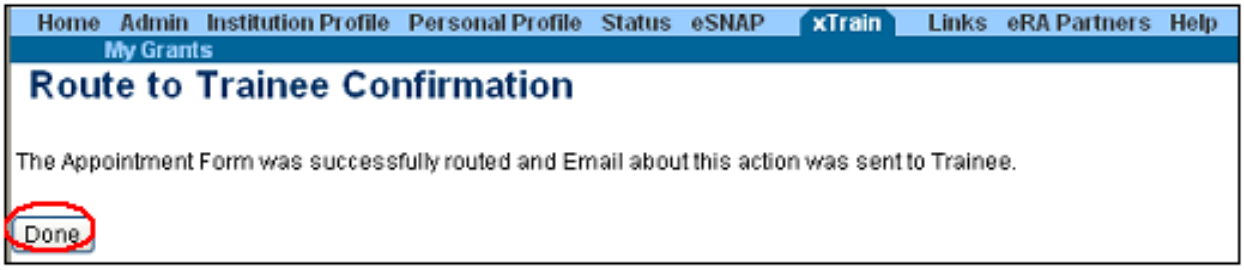



*Figure 42: Appointment Initiation Confirmation.*

8. The status of 2271 is changed to *In Progress Trainee*.

*Figure 43: In-Progress Trainee Link.*

After completing the necessary information, the Trainee routes the 2271 back to the PD/PI.

The system will check the form prior to routing. Any identified errors must be corrected prior to routing. Warnings may be addressed at your discretion.

*Figure 44: In-Progress PI Screen.*

9. To complete the Appointment, the PD/PI reviews the 2271 form one last time by clicking the **Process 2271** link, and then click **Save & Submit to Agency**.

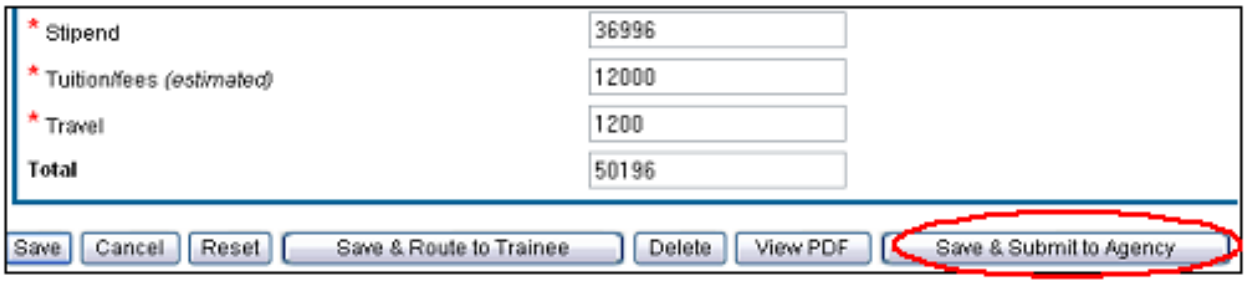



*Figure 45: Bottom of 2271 Form.*

10. Optional comments (up to 2000 characters) can be included in an e-mail message sent to the Agency. If desired, enter comments into the comments field and click **Continue**.

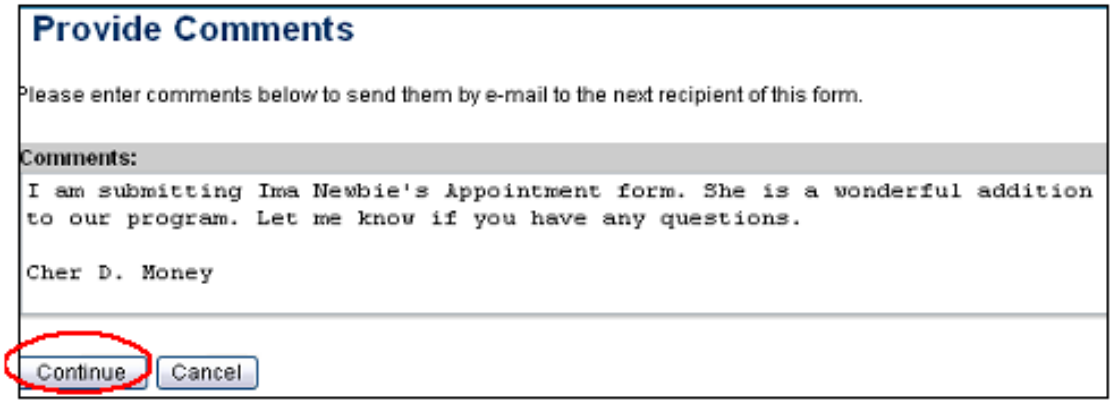



*Figure 46: Provide Comments Screen.*

11. Click the **I Accept** button.

*Figure 47: Submit to Agency Certification Screen.*

12. Click the **Done** button, which will record the PD/PIs Electronic Signature, and bring up the *Submit to Agency Confirmation* screen.

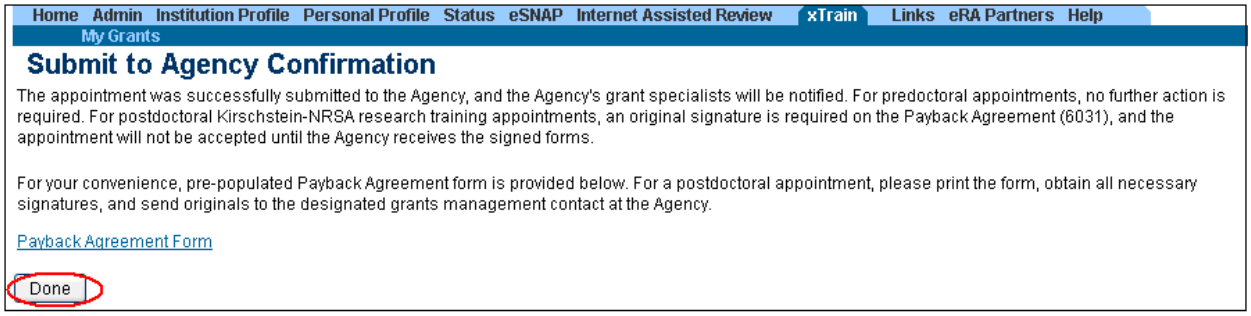



*Figure 48: Submit to Agency Confirmation Screen.*

13. In addition to confirming the submission of the appointment, the *Submit to Agency Confirmation* screen provides reminders about any further action that may be needed:
    - Pre-doc Appointments – No further action is needed, unless confirmation of permanent residency status is required.
    - Post-doc Appointments:
        - For those entering their initial year of Kirschstein-NRSA post-doc support, mail the original signed Payback Agreement (6031) form to the awarding NIH Institute or Center
        - Mail confirmation of permanent residency, if needed

14. The xTrain system checks the form. If error free, the form is routed, and the status of 2271 is changed to *Pending Agency Review*.
15. The PD/PI mails any required documentation or forms to the awarding component.
16. The Agency can accept the appointment, place it on hold, hold it for a paper signature, delete it, view the PDF file, or route it back to the Institution by clicking the appropriate button on the screen. These buttons are available, and made active, based on roles.

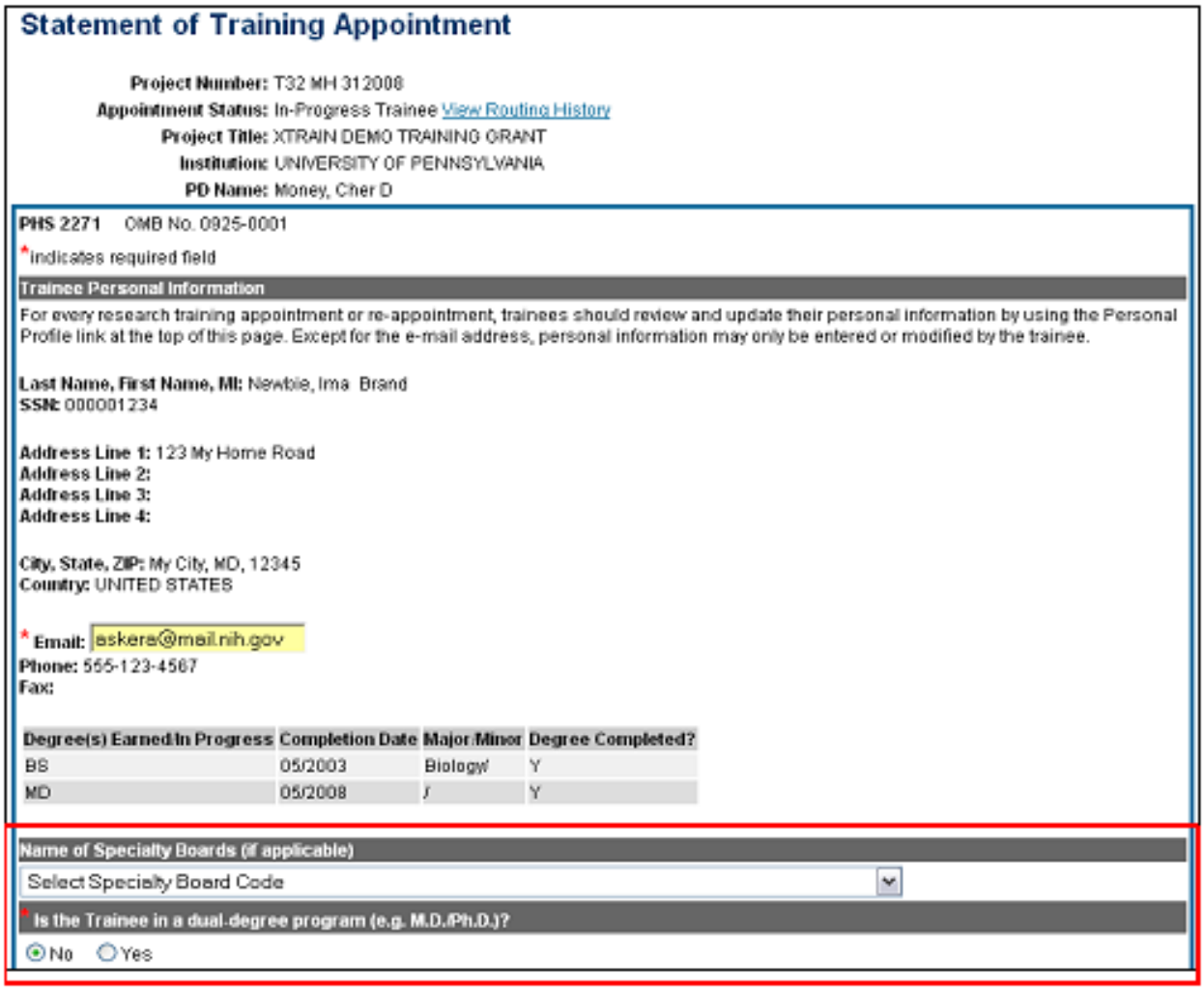
## *Process New Appointment – Trainee*

Trainee users are brought to the *Trainee Appointments and Terminations* screen when the xTrain tab is selected.

Click the **Process 2271** link to access the Appointment form. The 2271 form is opened and pre-populated with information pulled from the Trainee Profile and previously entered by the PD/PI.

*Figure 49: Trainee Appointments and Terminations Screen.*

If applicable, the Trainee must select the appropriate Specialty Boards and indicate if enrolled in a dual-degree program.



Statement of Training Appointment

**Project Number:** T32 MH 312008
**Appointment Status:** In-Progress Trainee View Routing History
**Project Title:** XTRAIN DEMO TRAINING GRANT
**Institution:** UNIVERSITY OF PENNSYLVANIA
**PD Name:** Money, Cher D

**PHS 2271** OMB No. 0925-0001

*Indicates required field

**Trainee Personal Information**

For every research training appointment or re-appointment, trainees should review and update their personal information by using the Personal Profile link at the top of this page. Except for the e-mail address, personal information may only be entered or modified by the trainee.

**Last Name, First Name, MI:** Newbie, Ima Brand
**SSN:** 000001234

**Address Line 1:** 123 My Home Road
**Address Line 2:**
**Address Line 3:**
**Address Line 4:**

**City, State, ZIP:** My City, MD, 12345
**Country:** UNITED STATES

* **Email:** eskera@mail.nih.gov
**Phone:** 555-123-4567
**Fax:**

| Degree(s) Earned/In Progress | Completion Date | Major/Minor | Degree Completed? |
|---|---|---|---|
| BS | 05/2003 | Biology/ | Y |
| MD | 05/2008 | / | Y |

**Name of Specialty Boards (if applicable)**

Select Specialty Board Code

* **Is the Trainee in a dual-degree program (e.g. M.D./Ph.D.)?**

(•) No ( ) Yes

*Figure 50: Statement of Training Appointment -Top Portion.*

Prior Kirschstein-NRSA Support information is pulled from the profile. To correct or update this information, go to **Admin/Account/Verify NIH Support** and enter a grant number. It is here that the Trainee would review the remaining information on the form and contact their PD/PI with any concerns.

If time does not permit, or if all required (*) information is not readily available, the Trainee can click **Save** at any time and complete the form later if need be. Once complete the Trainee should click **Save & Route to PI** to continue the Appointment process.

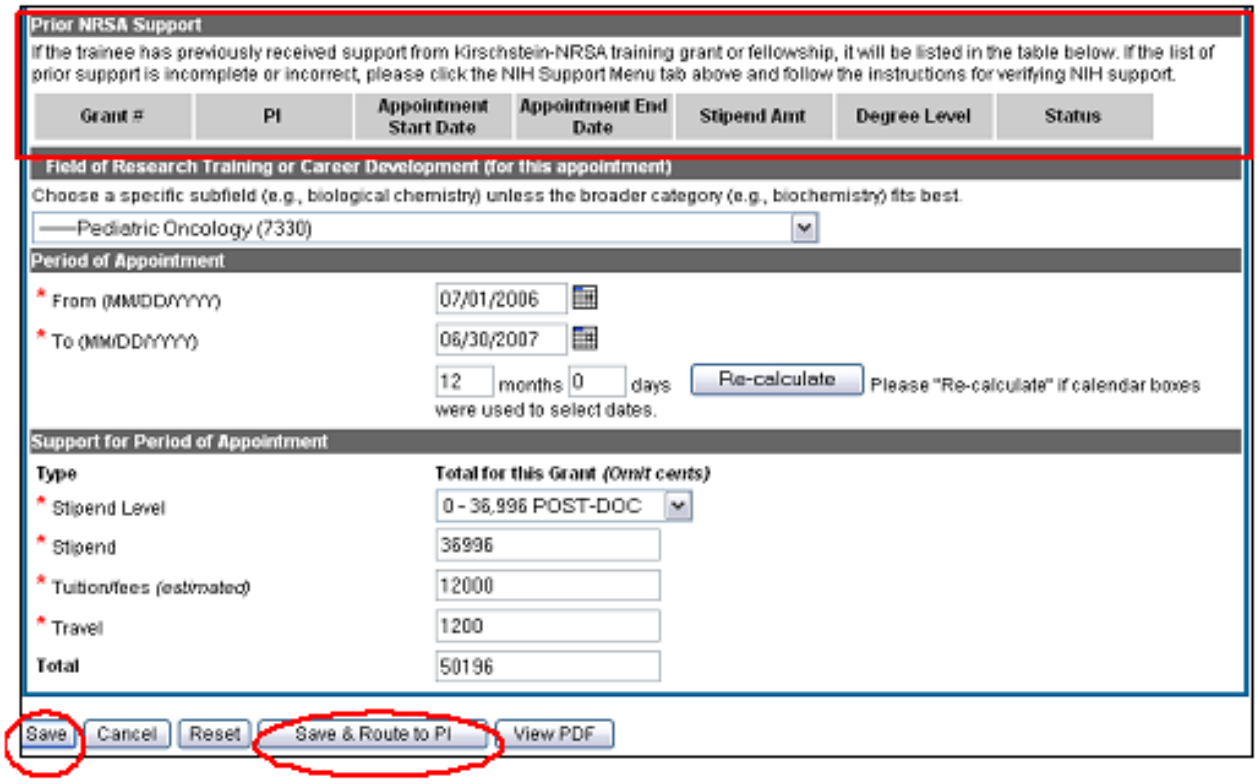



*Figure 51: Statement of Training Appointment - continued.*

When the Trainee clicks the **Save & Route to PI** button, the system will validate the information contained in the 2271 form and will flag any Errors or Warnings found. Errors must be corrected before the Appointment is routed. Warnings are corrected at your discretion.

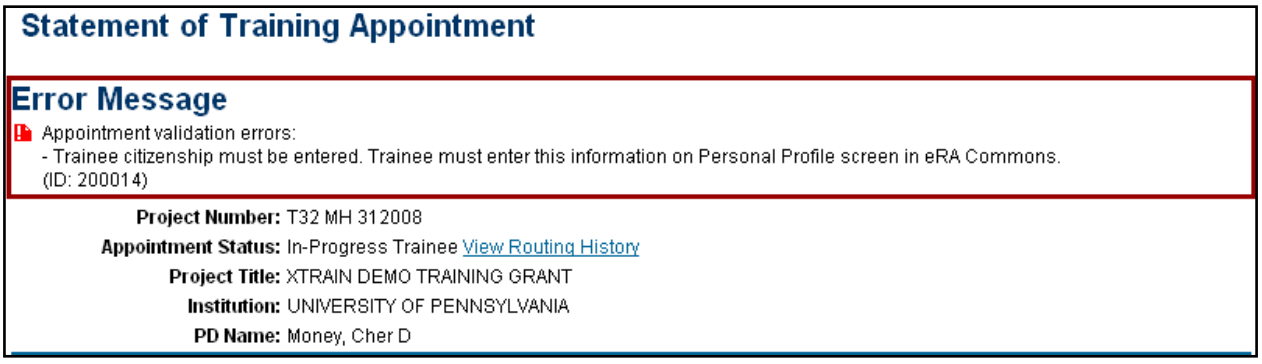



*Figure 52: Statement of Training Appointment - Error Message.*

Optional comments (up to 2000 characters) can be included in e-mail message sent to PD/PI. Once any comments have been entered click **Continue**.

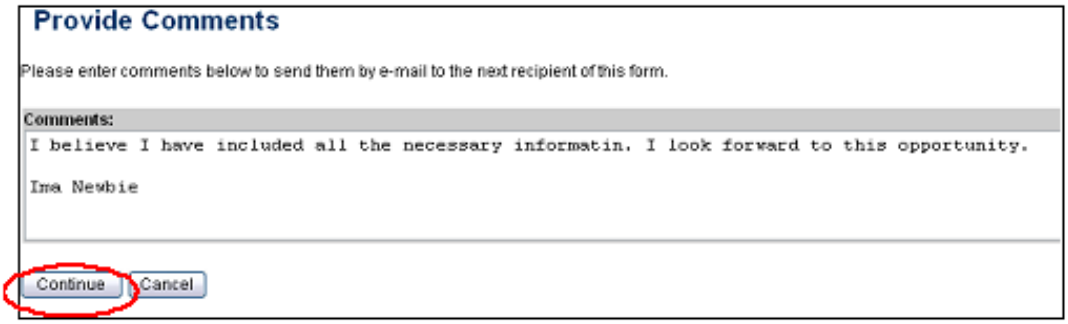



*Figure 53: Provide Comments Screen.*

The *Route to PI Confirmation* screen will record your electronic signature when you click **I Accept**.

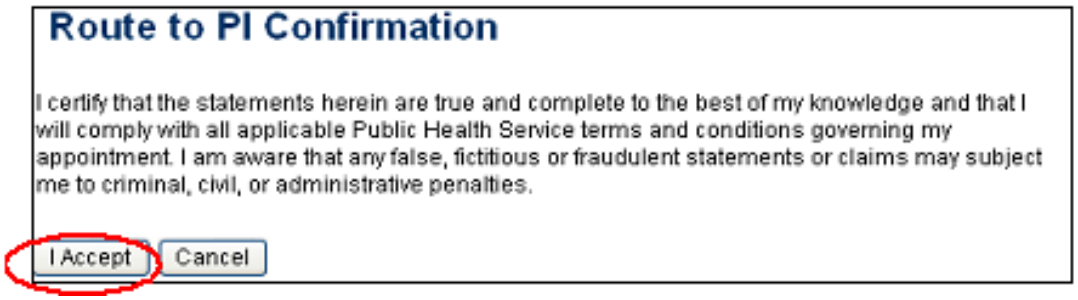



*Figure 54: Route to PI Confirmation Screen.*

Click **Done** to finish. xTrain will then change the Appointment status to *In Progress PI*.

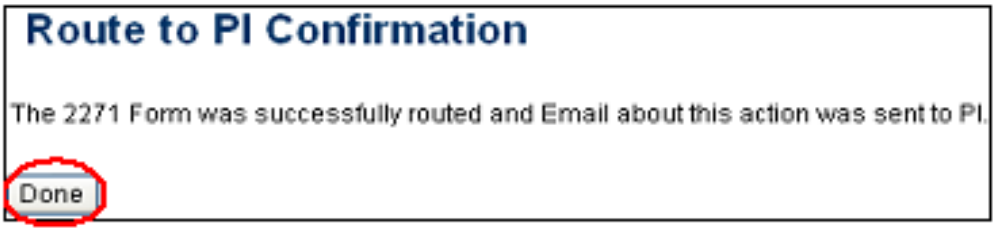



*Figure 55: Route to PI Confirmation Screen - 2271 Form Successfully Routed.*

*Figure 56: Appointment Status - In-Progress PI.*

## *Reappointments*

Trainees whose appointments are coming to an end can be reappointed to grants that have future award years.

**NOTE:** Reappointments follow the same- process as Appointments.

To reappoint a Trainee:

- Access the xTrain module.
- Access the Trainee Roster screen.
- Click the **Re-Appoint 2271** link for the specific Trainee appointment line item.

*Figure 57: Trainee Roster Screen—Partial View Showing the Re-Appoint 2271 Link.*

The system displays the *Statement of Training Appointment* screen. There is a "Grant or Supplement Available for Re-Appointment" drop down from which the PD/PI can select the appropriate grant or supplement to which the trainee can be appointed.

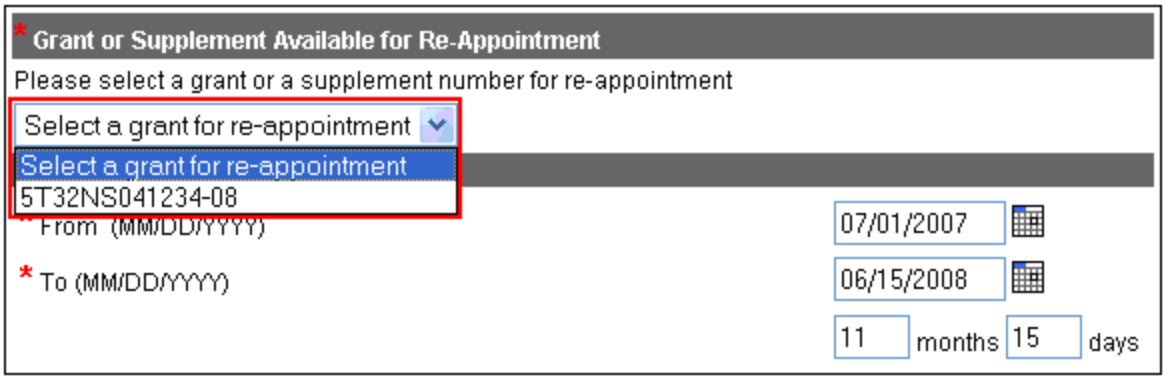



*Figure 58: Grant or Supplement Available Dropdown.*

The same routing process should be followed as with setting up an initial training appointment, by using the buttons at the bottom of the screen.

Click **Save** to save the Statement of Training Appointment Form reappointment information. Then press the **Save and Route to Trainee** button.

**NOTE:** All required fields must be entered before the form can be saved.

When reappointing a Trainee and the Trainee does not have a Commons User ID, the system displays the *Statement of Appointment* screen.

Fill out the Statement of Appointment then click **Save**.

System displays *Invite Trainee to Register* screen.

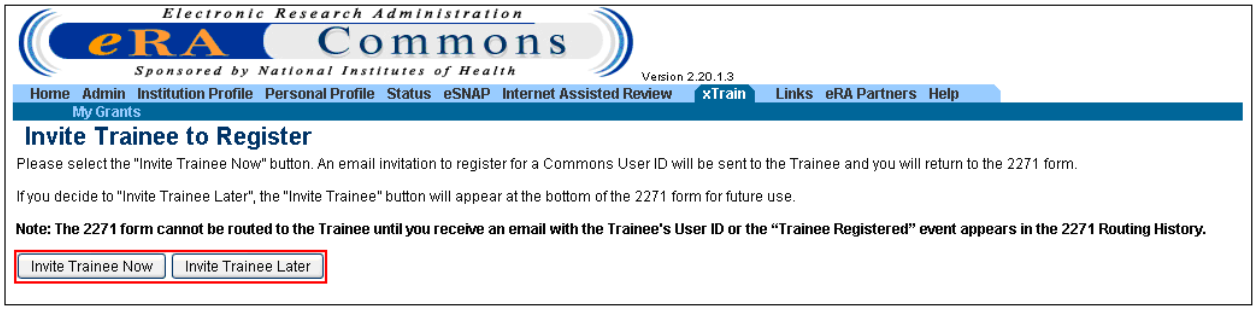



*Figure 59: Invite Trainee to Register Screen.*

The Trainee receives an e-mail that provides instructions and links for creating a Commons account. Once the Trainee's account is created, the user performing the reappointment process receives a system-generated e-mail that includes the Trainee's Commons User ID and can continue the Reappointment process.

## Amendments

Once an appointment is accepted by the Agency, an amendment is required in order to change any of the following items:

- Name
- Permanent Mailing Address
- Appointment Period
- Support from the Grant

**NOTE:** Some changes, such as name or mailing address, will also need to be updated by the Trainee under Personal Profile within eRA Commons.

The user must be a PD/PI or Delegate (ASST) to amend a 2271. To open an Amendment:

1. Click the **Amend 2271** link on the *Trainee Roster* screen in xTrain.

*Figure 60: Amend 2271 Link.*

2. The original 2271 as it was submitted will be displayed.
3. When you view the 2271 PDF file there will be an Amendment section appended at the end.

**NOTE:** If an appointment is ending early, the PD/PI should just initiate a Termination which will automatically amend the appointment. Refer to Section 8.1 for additional information.

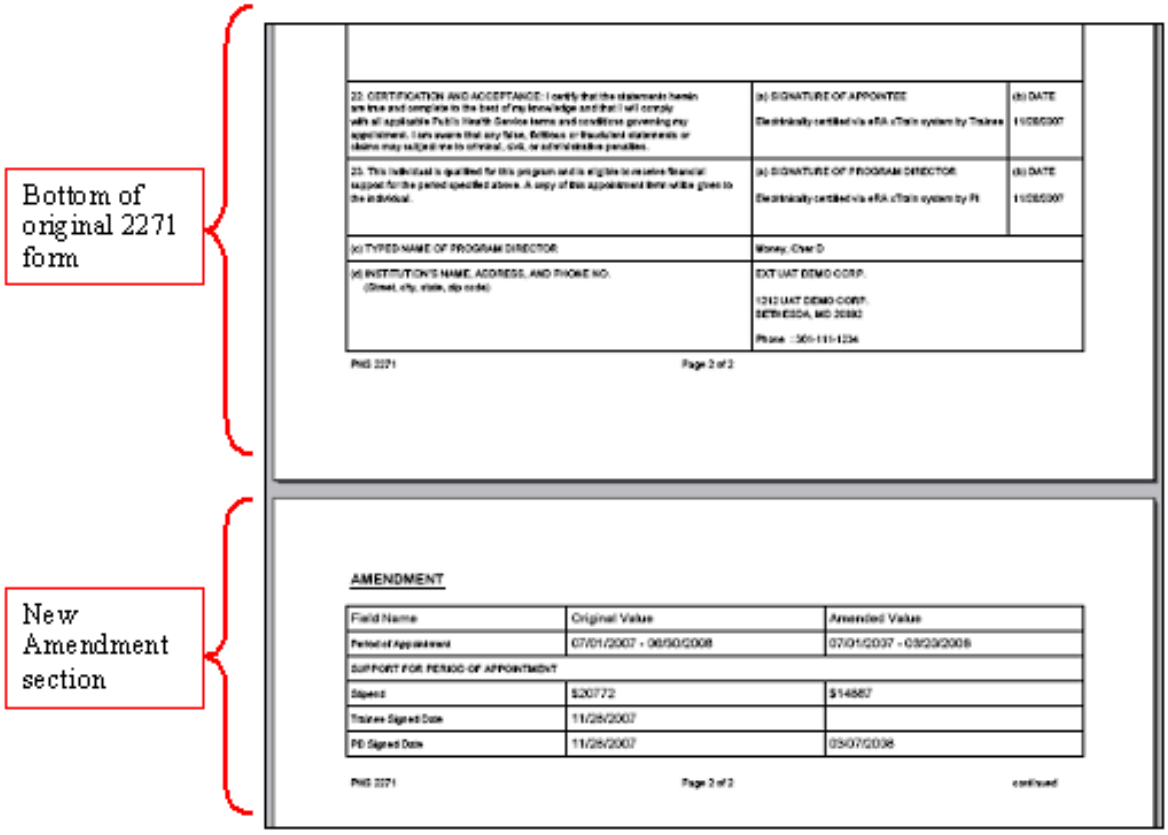



*Figure 61: 2271 Form with Amendment Section.*

4. Make the desired updates by entering them into the *Editable Amendment* section.
5. Click **Save**.

**NOTE:** Amendments follow the same process as Appointments.

# 8. Terminations

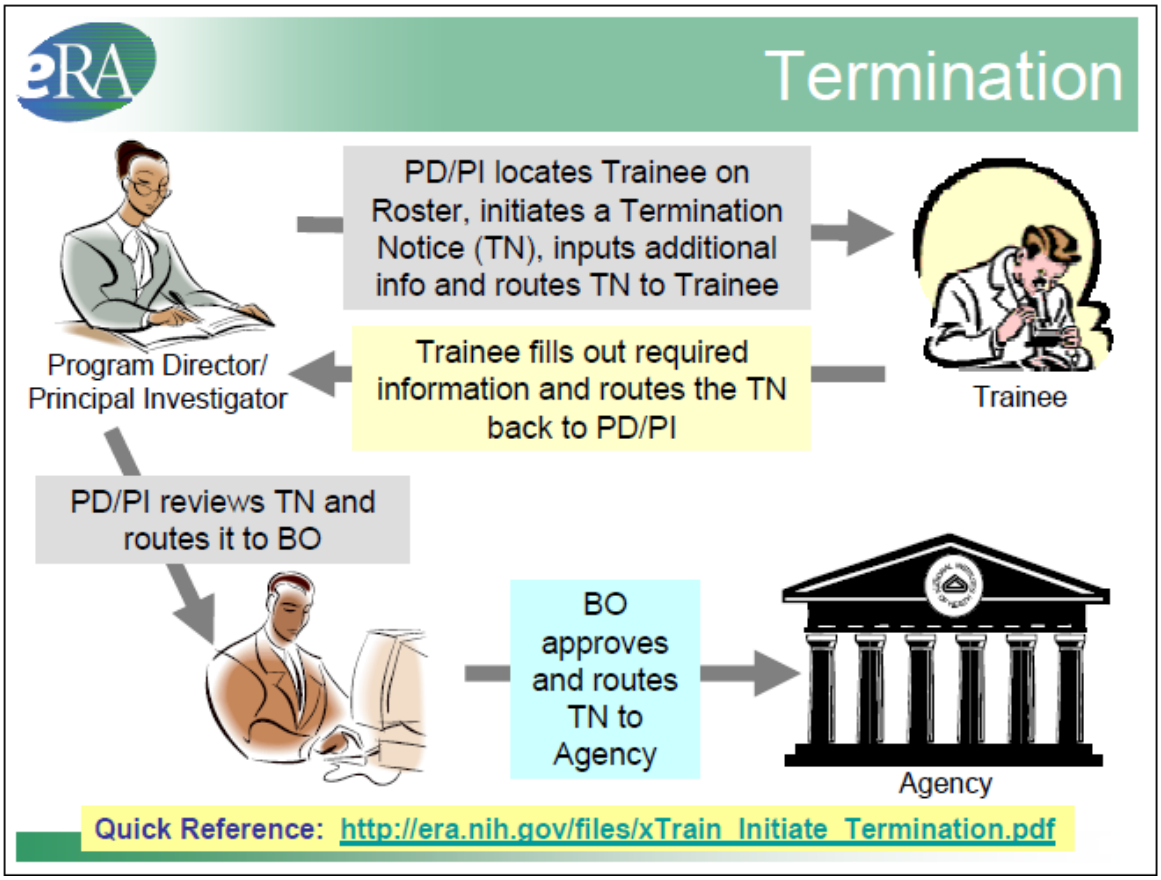



*Figure 62: Termination Process Flow.*

## *Who Can Create/Submit Termination*

xTrain users with the following eRA Commons roles can initiate a termination notice:

- Principal Investigator (PI)
- Assistant (ASST) with a PD/PI xTrain-delegated role
- Business Official (BO)

Only the BO can submit a Termination Notice (TN) to the Agency. For more information *see* Appendix B – Termination Notice (416-7 Form).

**NOTE:** If you terminate an appointment early, the date change is reflected after the agency processes the termination.

## *Create New Termination Notice – PD/PI*

To create a Termination Notice as a PD/PI:

1. PD/PI logs into eRA Commons and selects the xTrain tab that displays the *My Grants* screen. PD/PI is presented with a list of his/her grants.
2. PD/PI chooses a grant and clicks on the **View Trainee Roster** link.
3. PD/PI locates trainee on the *Trainee Roster* screen and clicks the **Initiate TN** link.

*Figure 63: Initiate TN Link.*

4. The PD/PI is then presented with a Termination Notice (Form 416-7) with some fields pre-populated with already available data from the system.

**Termination Notice - Ruth L. Kirschstein National Research Service Award**

**Project Number:** T32 AA 001234
**Termination Status:**
**Project Title:** BIOLOGICAL BASES OF ALCOHOLISM
**Institution:** OREGON HEALTH & SCIENCE UNIVERSITY
**PD Name:** Phillips, Tampa

*indicates required field **PHS 416-7** OMB No. 0925-0002

**Trainee Personal Information**

Before a research training appointment is terminated, trainees should review and update their personal information by using the Personal Profile link at the top of this page. Except for the e-mail address, personal information may only be entered or modified by the trainee.

**Last Name, First Name, MI:** Denmark, Dean L.

**Address Line 1:**
**Address Line 2:**
**Address Line 3:**
**Address Line 4:**

**City, State, ZIP:** , ,
**Country:**

* **Email:**
**Phone:**
**Fax:**

| Degree(s) Earned/In Progress | Completion Date | Major/Minor | Degree Completed? |
|---|---|---|---|
| BS | 01/1999 | / | Y |
| BA | | / | Y |

*Figure 64: Termination Notice (Form 416-7) –Top Portion.*

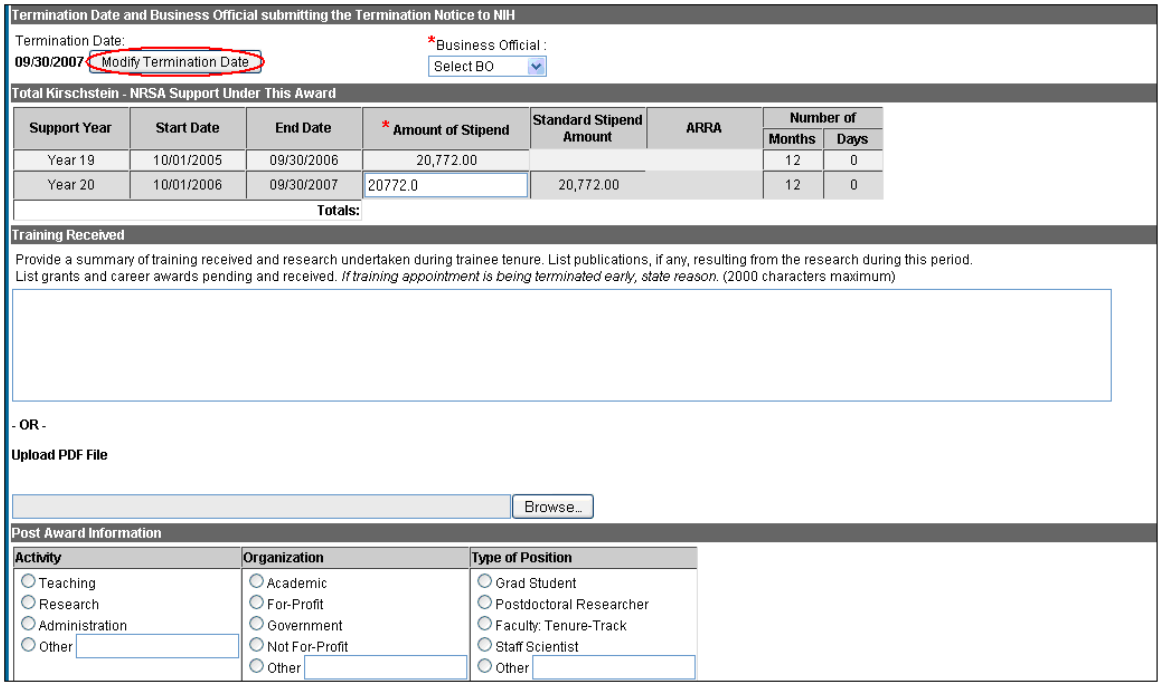



*Figure 65: Termination Notice (Form 416-7) – Mid Portion.*

If the Appointment is ending earlier than initially planned, use the **Modify Termination Date** button to adjust the last Appointment period. The system will automatically amend the Appointment End Date and will recalculate the stipend.

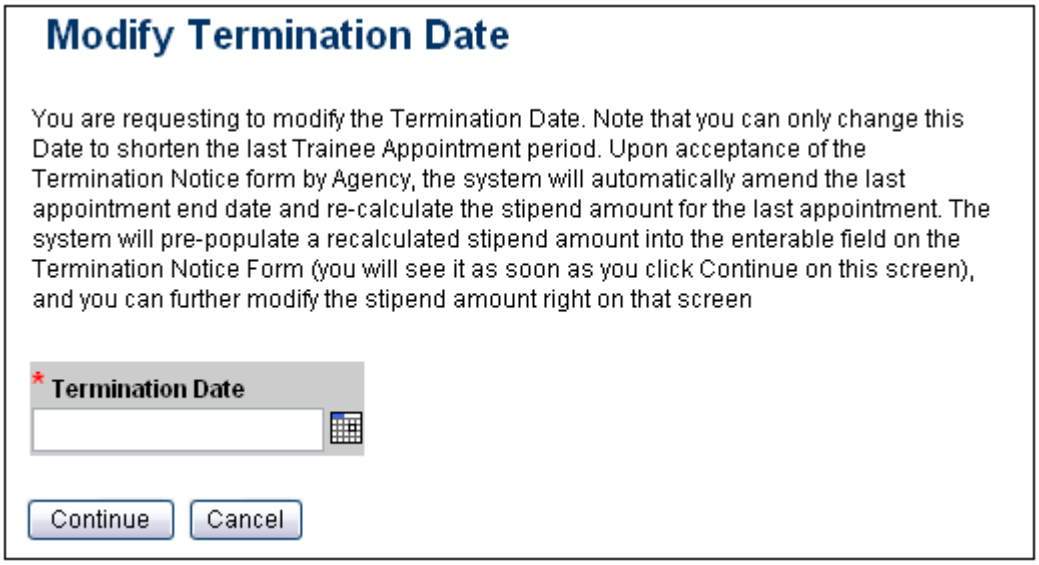



*Figure 66: Modify Termination Date Screen.*

5. PD/PI fills out additional required (*) information and checks the appropriate response for whether the trainee currently participates in any NIH loan repayment programs, then clicks **Save**. Status of TN is changed to *In Progress PI*.

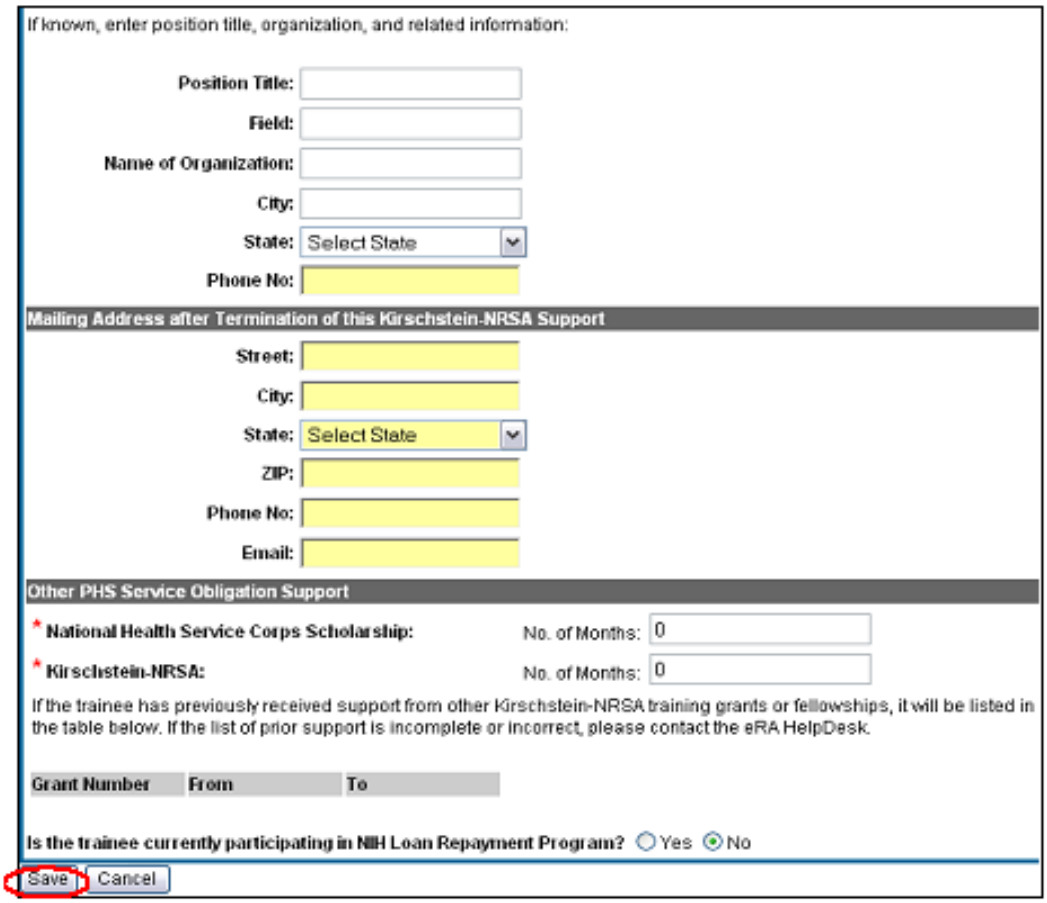



*Figure 67: Termination Notice (Form 416-7) – Bottom Portion.*

6. To continue to process the TN, scroll down to the bottom of the form.
7. From the *Trainee Roster* screen, the PD/PI clicks the **Process TN** link to open the form. If time does not permit, or if all required (*) information is not readily available, the PD/PI can click **Save** at any time and complete the form later if need be. Once complete the PD/PI should click the **Save & Route to Trainee** button, which is now visible on the bottom of the *Trainee* screen to send the form to the Trainee.
8. The PD/PI is given an opportunity to provide comments (up to 2000 characters) to be included in the e-mail message that will be sent to the Trainee. If desired, enter comments and then click the **Continue** button.

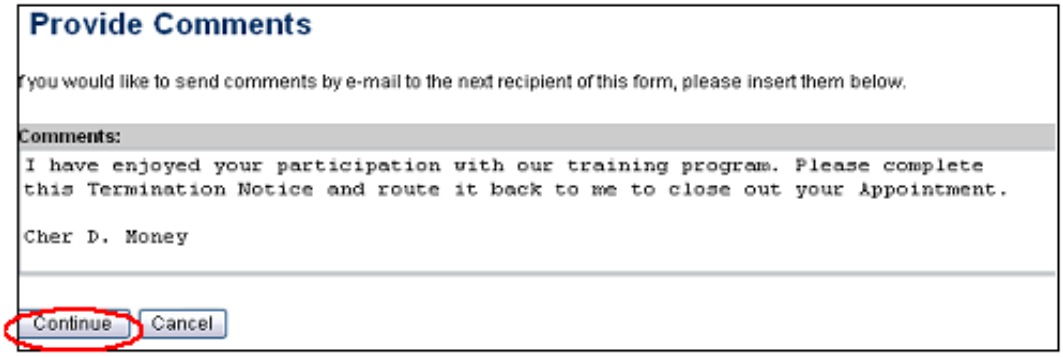



*Figure 68: Provide Comments Screen.*

9. When the *Termination Notice Confirmation* screen appears, click **Done**.

*Figure 69: Termination Notice Confirmation.*

10. At this point, the status of the Termination Notice (TN) is changed to *In Progress Trainee*. If no action is taken by Trainee in 14 business days, the system will automatically route the form back to the PD/PI, send a notification to PD/PI, and change the status of the TN to *In Progress PI*.

*Figure 70: In Process Trainee Link.*

**NOTE:** The PD/PI should make every effort to have the Trainee update their *Personal Profile* screen within Commons, specifically update their email address with their new (forwarding) email address, before the Trainee leaves the Institution. Otherwise, the PD/PI needs to know, and be able to provide, a forwarding email address for the Trainee to be entered within the Termination Notice.

11. From the *Trainee Roster* screen, the PD/PI should click the **Process TN** link to open the form.

*Figure 71: PI Trainee Roster Screen.*

12. PD/PI reviews the form and clicks the **Save & Route to BO** button at the bottom of the screen to send the form to the BO.

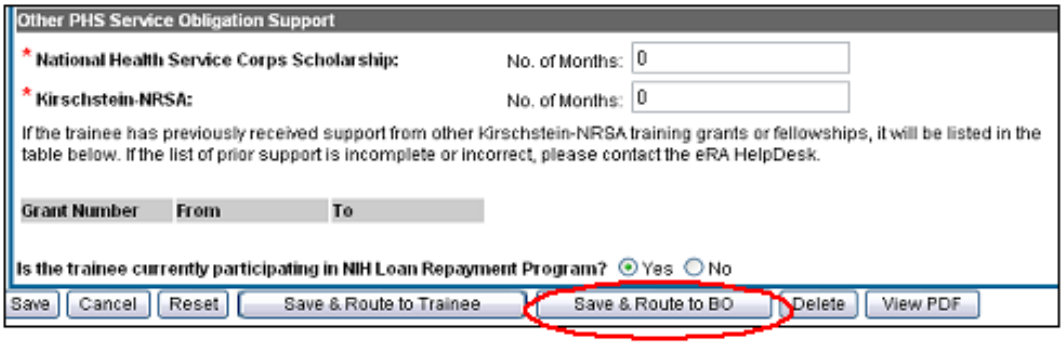



*Figure 72: Termination Notice (Form 416-7) – bottom portion.*

13. PD/PI is provided opportunity to provide comments (up to 2000 characters) to be included in e-mail message sent to BO. If desired, enter comments and then click the **Continue** button.

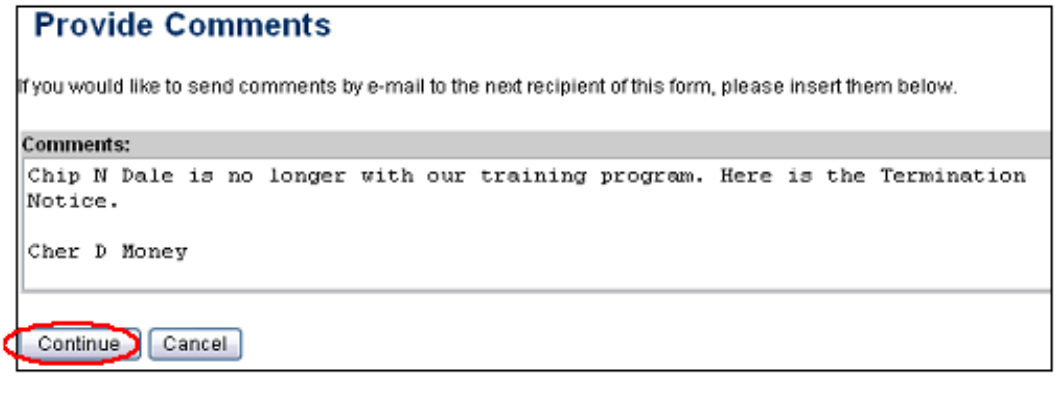



*Figure 73: Provide Comments Screen.*

14. Click **I Certify** button. This will record your electronic signature.

*Figure 74: Termination Notice Certification.*

15. Click the **Done** button.

*Figure 75: Termination Notice Confirmation.*

16. Status of TN is changed to *In Progress BO*.

*Figure 76: PI Trainee Roster Screen.*

## *Process Termination Notice – Trainee*

To process a Termination Notice as a Trainee:

1. From the *Trainee Appointments and Terminations* screen, Trainee clicks the **Process TN** link to access the form.

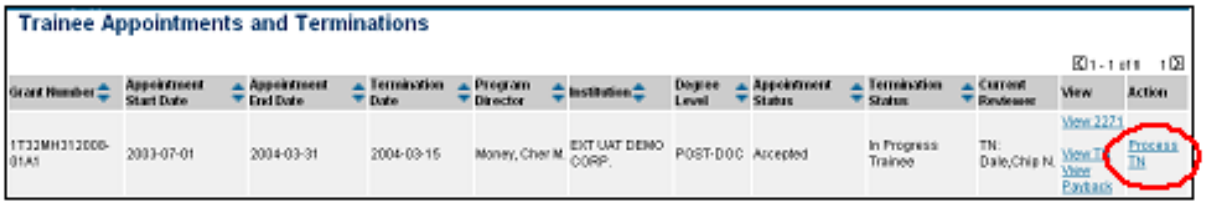
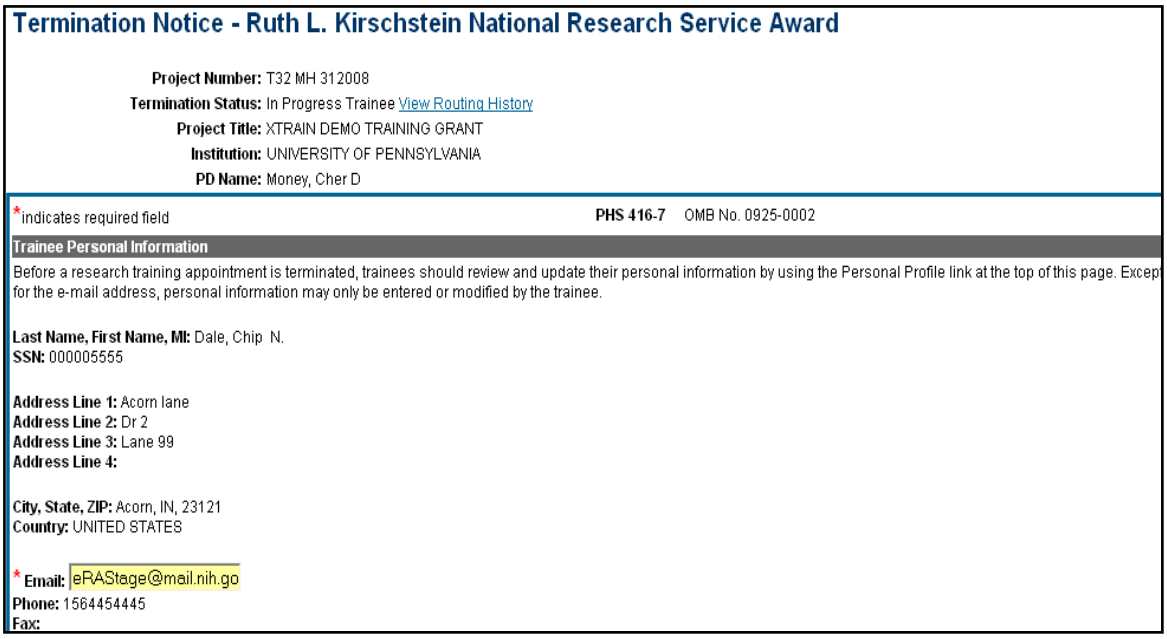



*Figure 77: Trainee Appointments and Terminations Screen.*

2. The Termination Notice is opened and pre-populated with information pulled from the Trainee profile and data previously entered by the PD/PI.



Termination Notice - Ruth L. Kirschstein National Research Service Award

**Project Number:** T32 MH 312008
**Termination Status:** In Progress Trainee View Routing History
**Project Title:** XTRAIN DEMO TRAINING GRANT
**Institution:** UNIVERSITY OF PENNSYLVANIA
**PD Name:** Money, Cher D

*indicates required field **PHS 416-7** OMB No. 0925-0002

**Trainee Personal Information**

Before a research training appointment is terminated, trainees should review and update their personal information by using the Personal Profile link at the top of this page. Except for the e-mail address, personal information may only be entered or modified by the trainee.

**Last Name, First Name, MI:** Dale, Chip N.
**SSN:** 000005555

**Address Line 1:** Acorn lane
**Address Line 2:** Dr 2
**Address Line 3:** Lane 99
**Address Line 4:**

**City, State, ZIP:** Acorn, IN, 23121
**Country:** UNITED STATES

* **Email:** eRAStage@mail.nih.go
**Phone:** 1564454445
**Fax:**

*Figure 78: Termination Notice (Form 416-7) – Top Portion.*

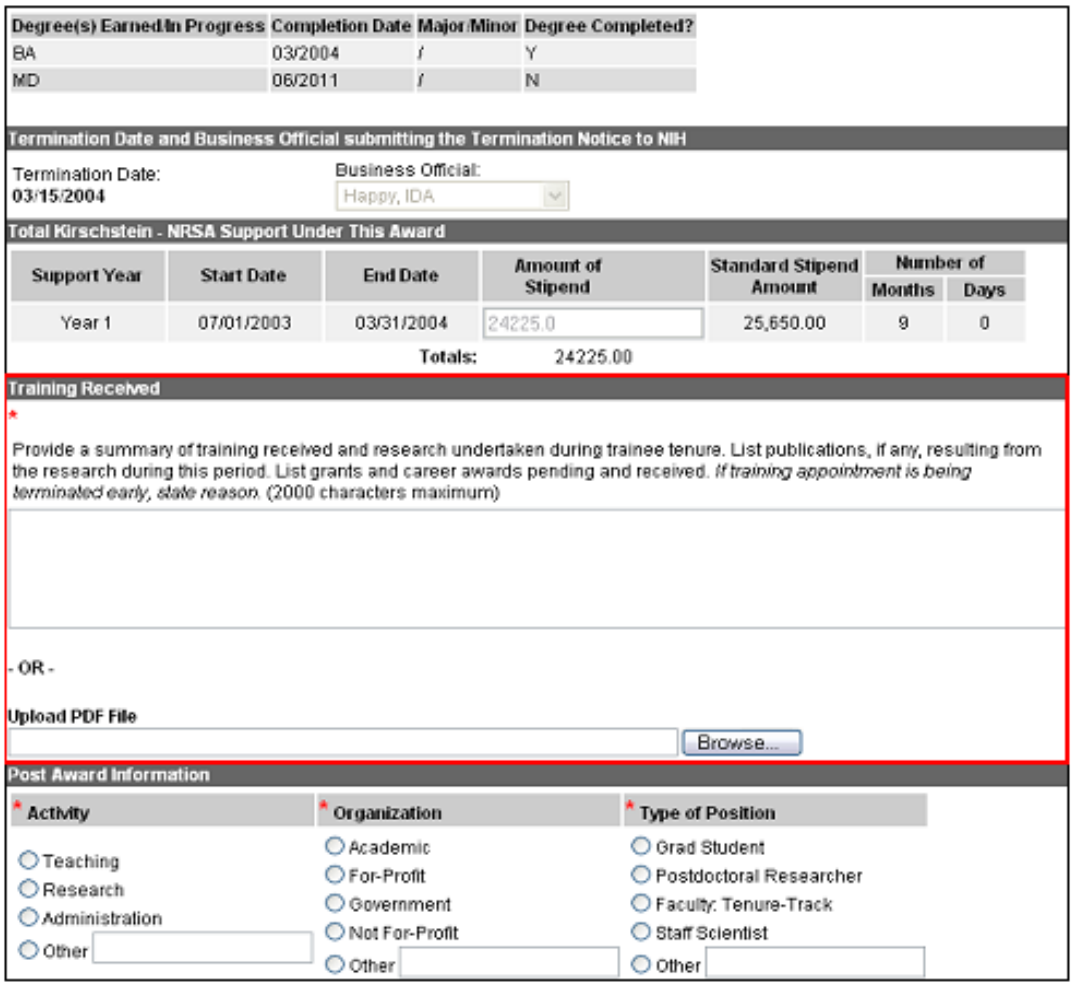



*Figure 79: Termination Notice (Form 416-7) – Mid Portion.*

A summary of the *Training Received* and research undertaken by the Trainee is added to the Termination Notice either in the comment field or via a file upload. To upload a file, click **Browse** and select the desired PDF formatted file from your personal file directory.

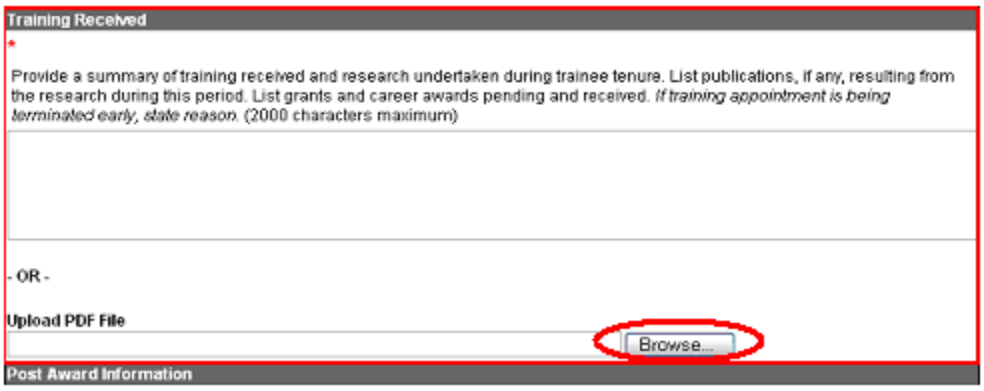



*Figure 80: Upload Training Received Screen.*

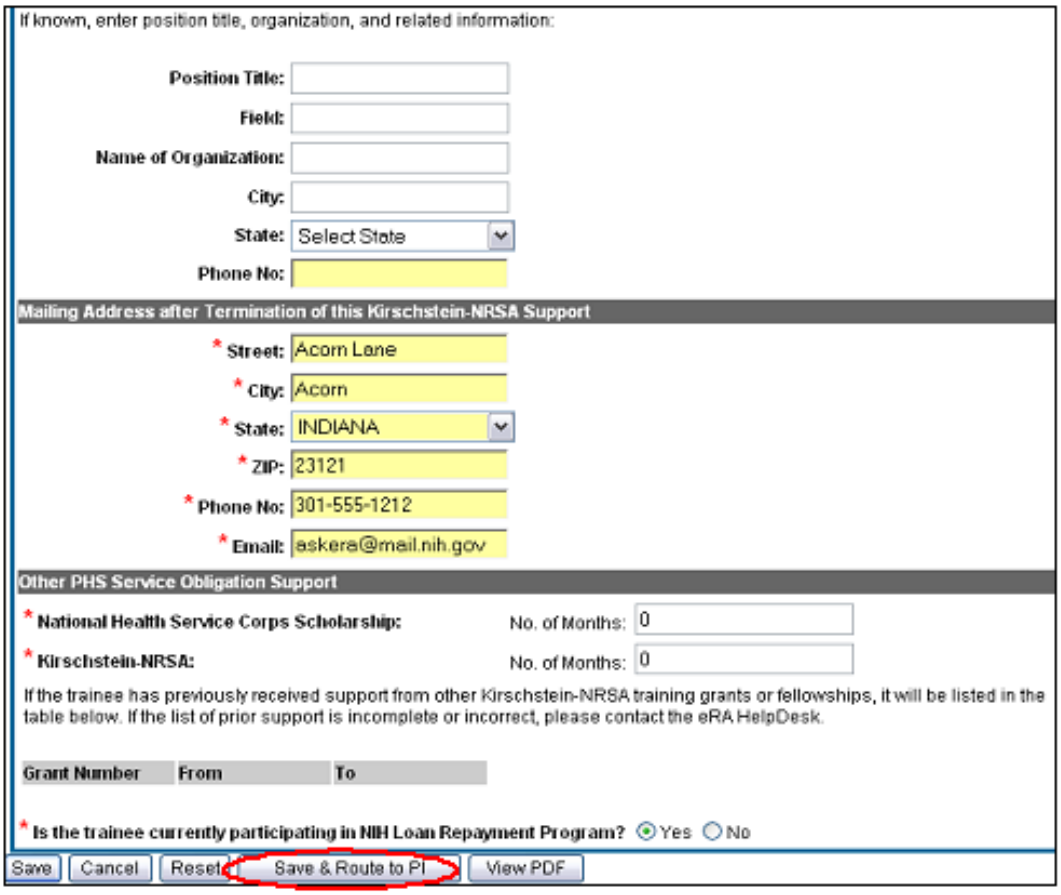



*Figure 81: Termination Notice (Form 416-7) – Bottom Portion.*

3. The Trainee fills out the required (*) Termination Notice (TN) information and clicks **Save & Route to PI**. The system will run a quick validation process and present any errors or warnings to be addressed by the trainee before it is routed to the PI. If all required fields are complete, the form is routed to the PI and the Trainee's electronic signature is recorded and the Termination Status is changed to *In Progress PI*.

**NOTE:** The Trainee's mailing and email address need to be ones where they can be reached after their training has been terminated.

4. Additionally, the trainee should update their information in the Personal Profile section within Commons and should know how to contact the Help Desk if the list of prior Kirschstein-NRSA support is incorrect.

5. The Trainee is provided an opportunity to provide comments. Comments (up to 2000 characters) will be included in an e-mail message sent to the PI. Click **Continue**.

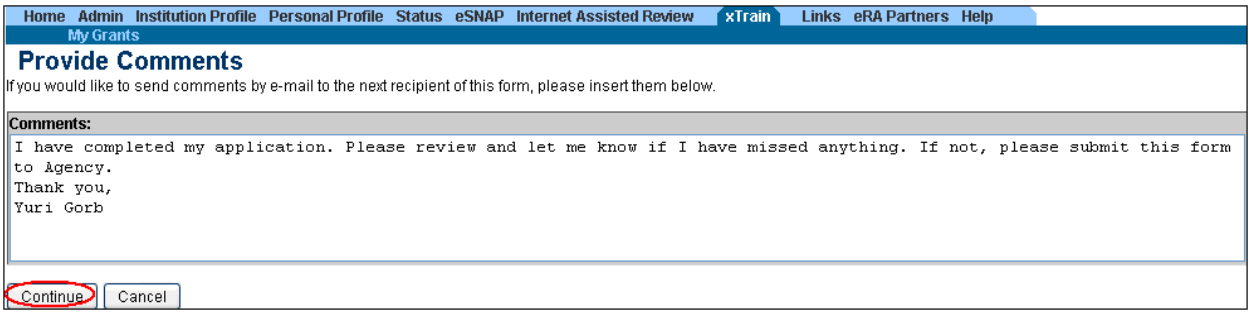



*Figure 82: Provide Comments Screen.*

6. Click **I Certify**. This will record your electronic signature.

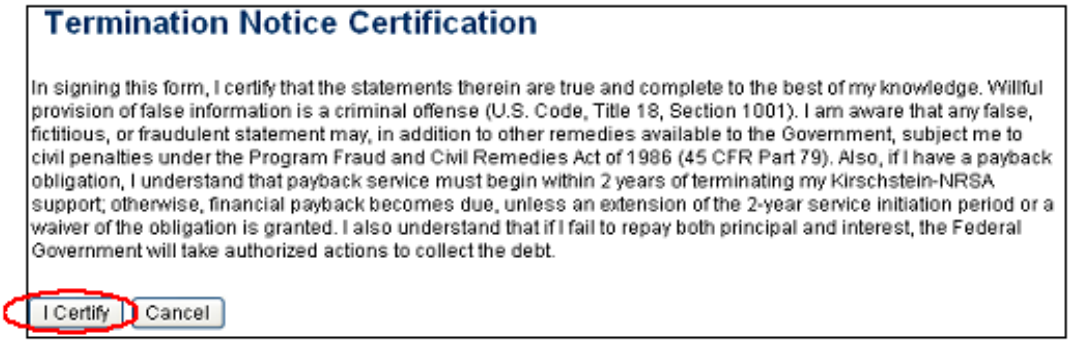



*Figure 83: Termination Notice Certification.*

7. Click the **Done** button.

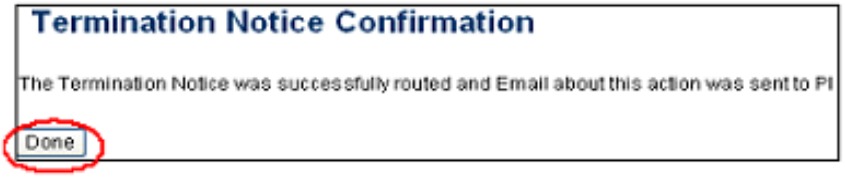



*Figure 84: Termination Notice Confirmation.*

8. The status of the TN is then changed to *In Progress PI*.

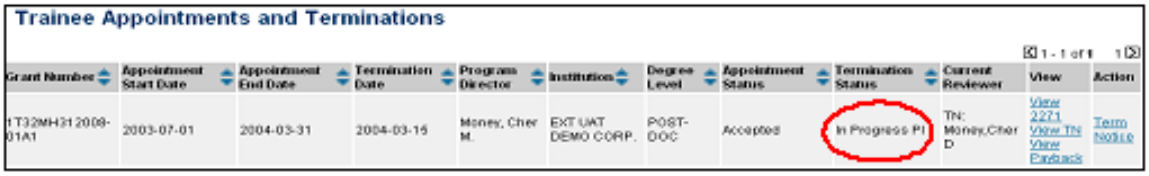



*Figure 85: Trainee Appointments and Terminations.*

If no action is taken by the PI within 14 business days, the system will automatically route the form to the Business Official (BO), send a notification to the BO, and change the status to *In Progress by BO*.

**NOTE:** The PD/PI should make every effort to have the Trainee update their *Personal Profile* screen within Commons, specifically update their email address with their new (forwarding) email address, before the Trainee leaves the Institution.

## *Process New Termination Notice – BO*

To create a Termination Notice as a BO:

1. xTrain users with the BO role are brought to the grants search screen when the xTrain tab is selected. Provide search criteria such as the PDs last name, and click **Search**.

*Figure 86: List of Grants Screen.*

2. Select the **View Trainee Roster** link.

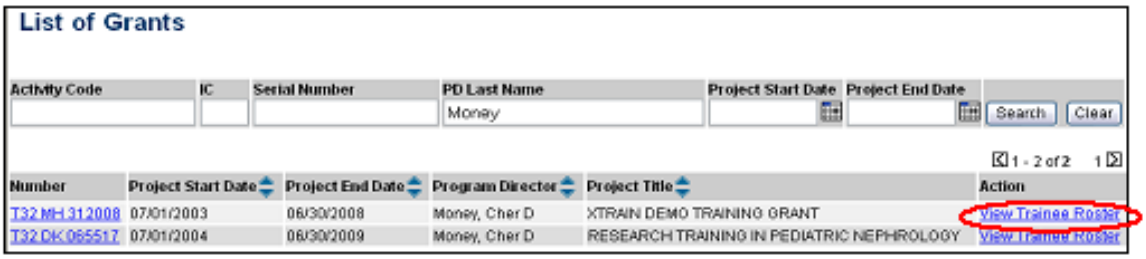



*Figure 87: BO Trainee Roster.*

3. From the *Trainee Roster* screen, BO clicks the **Process TN** link to open the form.

*Figure 88: BO Trainee Roster Screen.*

4. BO reviews TN and clicks the **Save & Submit to Agency** at the bottom of the screen.

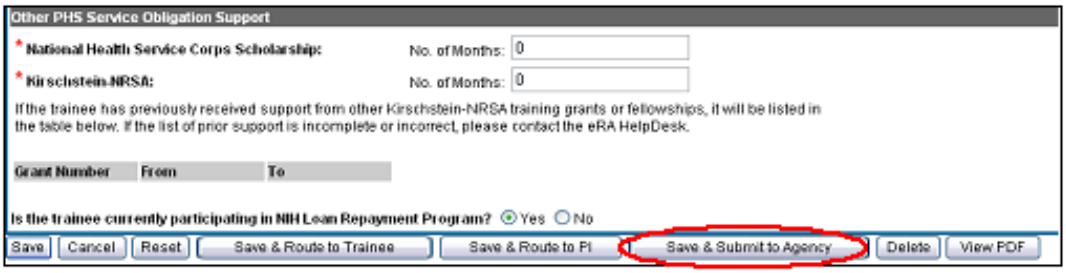



*Figure 89: Termination Notice (Form 416-7) – bottom portion.*

9. BO is provided opportunity to provide comments (up to 2000 characters) to will be included in e-mail message sent to the Agency. If desired, enter comments and then click the **Continue** button.

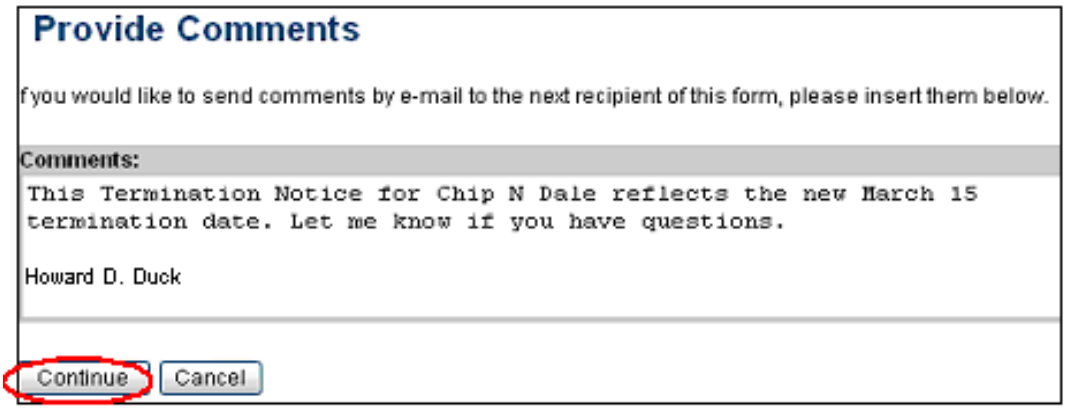



*Figure 90: Provide Comments Screen.*

10. Click **I Certify**. This will record your electronic signature.

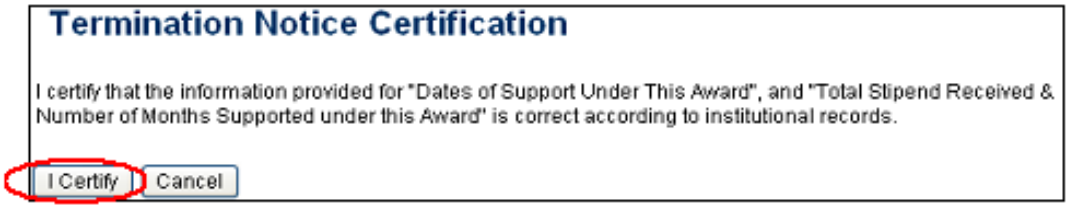



*Figure 91: Termination Notice Certification.*

11. Click **Done** button.

**NOTE:** The Business Official (BO) is the only one who can submit a Termination Notice (TN) to the Agency for final processing and acceptance.

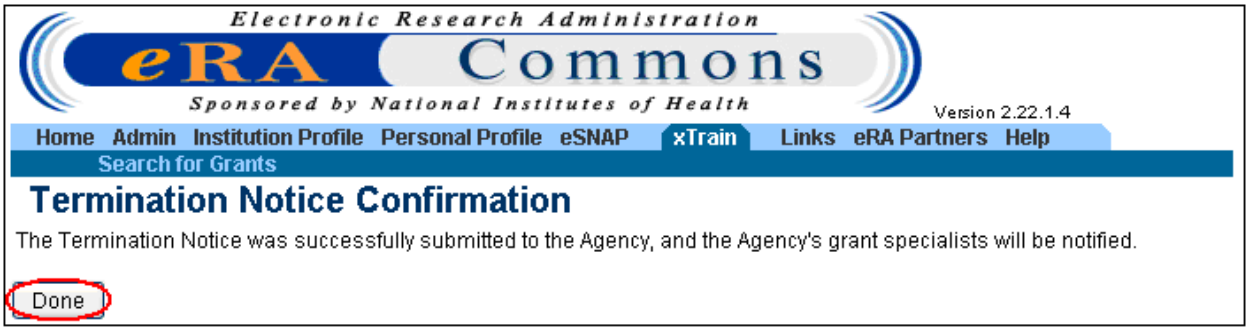



*Figure 92: Termination Notice Confirmation.*

5. Status of TN is changed to *Pending Agency Review*.

*Figure 93: BO Trainee Roster Screen.*

6. Agency can **Approve** the TN, **Place on Hold**, or **Return to Institution** with comments.

# 9. Other Functions

Like most actions taken within the eRA Commons system, most functions are based on user roles and the associated authority as it relates to a specific role.

## *Delegation – ASST Role*

A PD/PI can delegate to an Assistant the authority to perform all xTrain-related functions on their behalf except for the authority to submit Appointments and Reappointments to the Agency.

ASSTs with xTrain delegation can perform all other PD/PI functions prior to submission. ASSTs will receive the same e-mail notifications as the PD/PI.

eRA Commons allows PD/PIs to delegate several types of authority (e.g., PI, PPF Edit, Status, xTrain). Currently, each type of authority must be delegated separately.

The institution's Signing Official (SO) must add the ASST role to the individual's existing eRA Commons account or create an eRA Commons account with the ASST role for the individual if he/she does not already have an account.

### Assign Delegation

1. PD/PI logs into eRA Commons at https://commons.era.nih.gov/commons/.
2. PD/PI selects the Admin tab in the blue navigation bar across the top of the screen then selects Accounts and Delegate xTrain Authority submenus.
3. PD/PI selects the user from the list of Current Institution Users to receive delegation and clicks **Assign**.

**NOTE:** Only Institution Users with the ASST role in eRA Commons are displayed in the list.

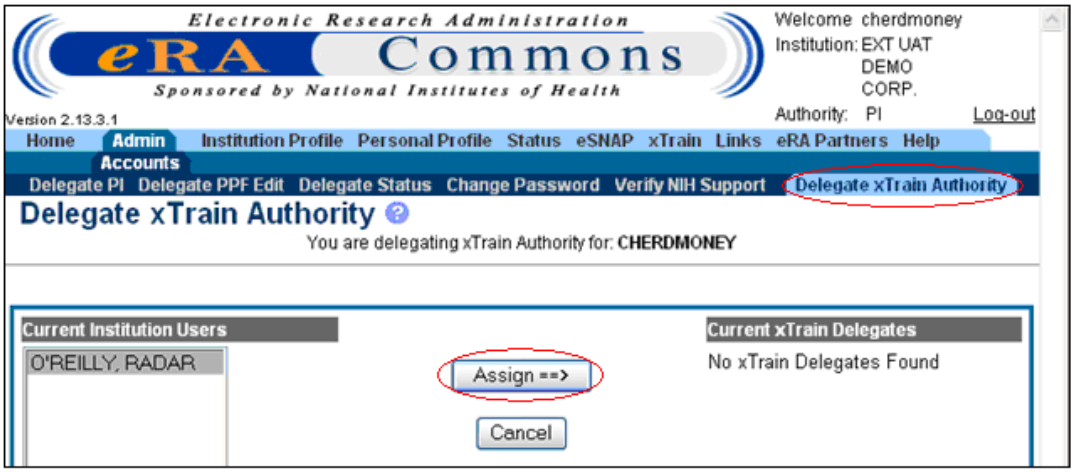



*Figure 94: Delegate xTrain Authority – Assign .*

PD/PI clicks the **Save** button on the *Delegate xTrain Authority Confirmation* screen to complete the action.

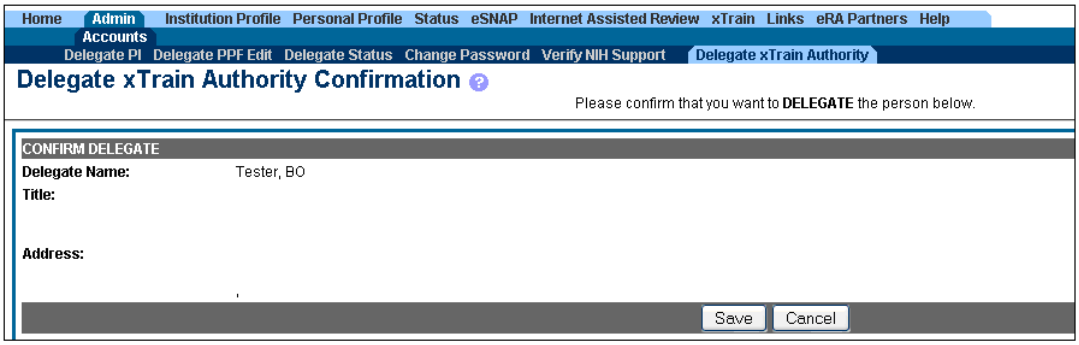



*Figure 95: Delegate xTrain Authority – Confirmation.*

## Revoke Delegation

Following steps 1 and 2 above as necessary, and from the *Delegate xTrain Authority* screen, the PD/PI selects the user from the list of *Current xTrain Delegates* that will have their xTrain delegation authority removed. Once the desired person is selected click **Revoke**.

The PD/PI then clicks **Save** on the *Revoke xTrain Authority Delegate Confirmation* screen to complete the action.

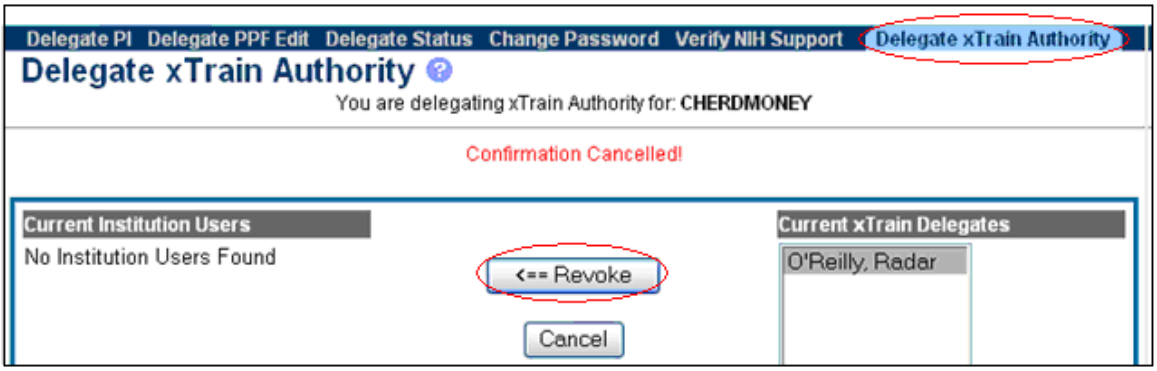



*Figure 96: Delegate xTrain Authority – Revoke.*

# *Training Grants*

## View Training Grants for SO/BO

For users with the SO or BO roles, the *List of Grants* screen displays as shown in *Figure 97: List of Grants Search Screen* below.

To view the *List of Grants* screen:

Access the Commons system at https://commons.era.nih.gov/commons/.

Click the **xTrain** navigation tab. The *List of Grants* screen displays training grant query parameters.

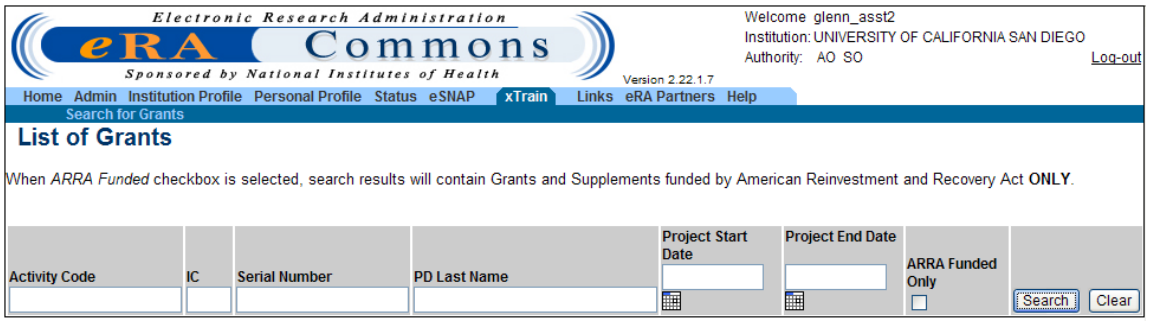



*Figure 97: List of Grants Search Screen.*

The system displays query results as a list of training grants.

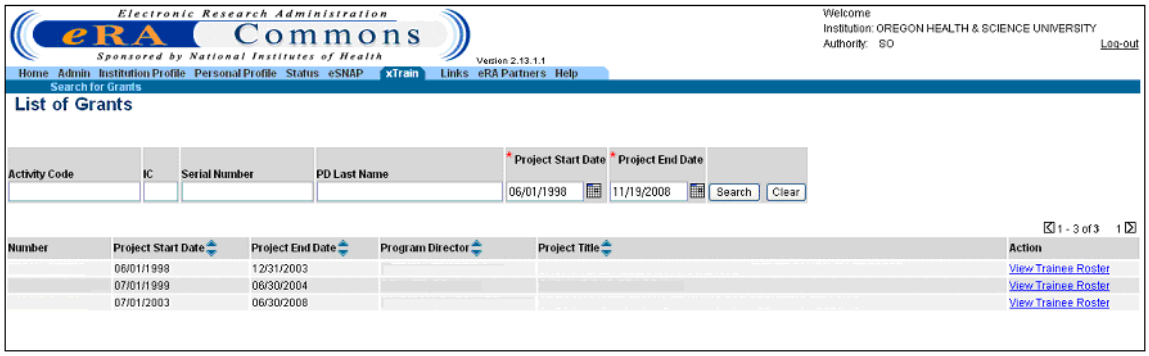



*Figure 98: List of Grants Screen.*

**NOTE:** All projects displayed represent awarded training grants.

## Viewing Training Grants for More than one PD/PI

An Assistant (ASST) can have xTrain privileges delegated from more than one PD/PI. These users can view training grants assigned/associated to each delegating PD/PI.

For an ASST with multiple delegated privileges, xTrain displays the *My Grants* screen with a drop-down box listing PD/PI names.

Select a PD/PI name from the drop-down list.

*Figure 99: My Grants Screen.*

The *My Grants* screen displays a list of PD/PI names.

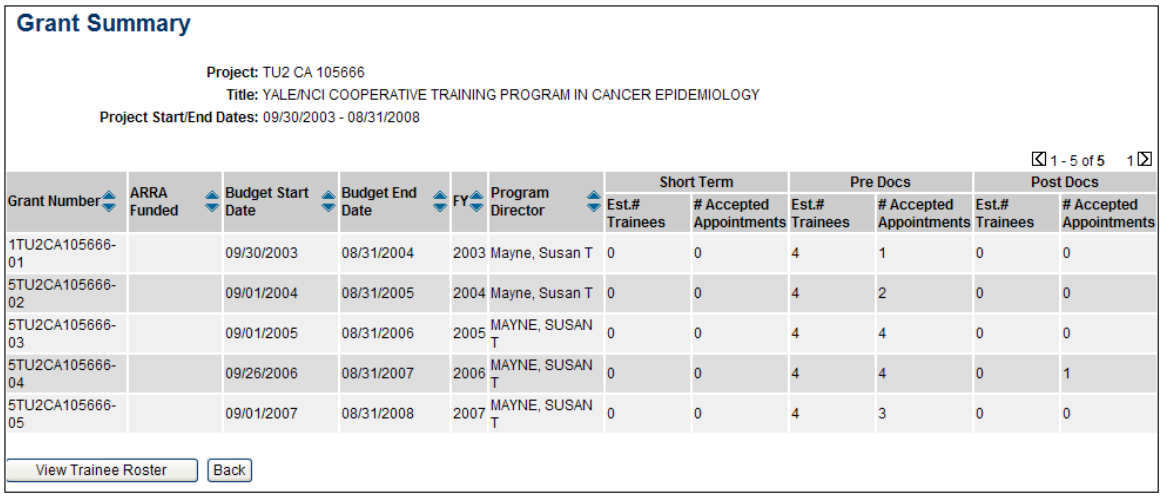



*Figure 100: Grant Summary Screen.*

## View 2271 & View TN PDF

Any xTrain user can click on **View 2271** PDF or **View TN** PDF in the Trainee Roster to look at the most recent appointment or termination form.

If not yet submitted to Agency (or if previously submitted on paper), the system creates the view "on the fly", pulling the most current information from the profile/database and including any entered data.

If already electronically submitted, a "snapshot" of the form at time of submission is displayed.

The xTrain system displays the most recently OMB-approved form; for historical paper submissions, the form may not look identical to the one submitted.

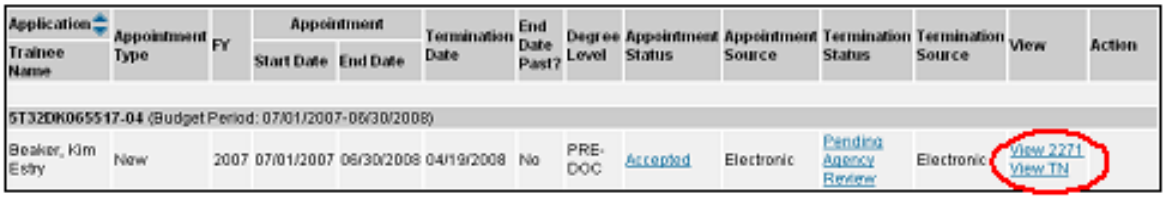



*Figure 101: View 2271 & View TN Link.*

*Figure 102: View PDF Button.*

## *View Routing History*

The **View Routing History** link is available throughout many of the xTrain processes. This link provides event history and includes routing comments. The link can be accessed from within forms or from the *Appointment/Termination Status* screen.

*Figure 103: View Routing History Link.*

Routing History

**Project Number:** T32 MH 312008
**Appointment Status:** Pending Agency Review
**Project Title:** XTRAIN DEMO TRAINING GRANT
**Institution:** UNIVERSITY OF PENNSYLVANIA
**PD Name:** Money, Cher D
**Trainee Name:** Newbie, Ima Brand

| Event | Action Taken By | Action Date | Action Taken | Current Status | Current Reviewer | Action Comments |
|---|---|---|---|---|---|---|
| PI Initiates, Amends, or Re-appoints a Trainee via 2271 | Money, Cher | 06/05/2008 06:36 PM | Initiated by PI | In-Progress PI | Money, Cher | |
| PI Routes 2271 to Trainee | Money, Cher | 06/05/2008 07:07 PM | Routed to Trainee | In-Progress Trainee | Newbie, Ima | I have started the 2271 form needed for you Appointment. Please complete the remaining information and route it back to me. Give me a call if you have any questions. -Cher D. Money |
| Trainee Routes 2271 to PI | Newbie, Ima | 06/05/2008 07:43 PM | Routed to PI | In-Progress PI | Money, Cher | I believe I have included all the necessary informatin. I look forward to this opportunity. Ima Newbie |
| PI Submits 2271 to Agency | Money, Cher | 06/05/2008 07:56 PM | Submitted to Agency | Pending Agency Review | AGENCY | I am submitting Ima Newbie's Appointment form. She is a wonderful addition to our program. Let me know if you have any questions. Cher D. Money |

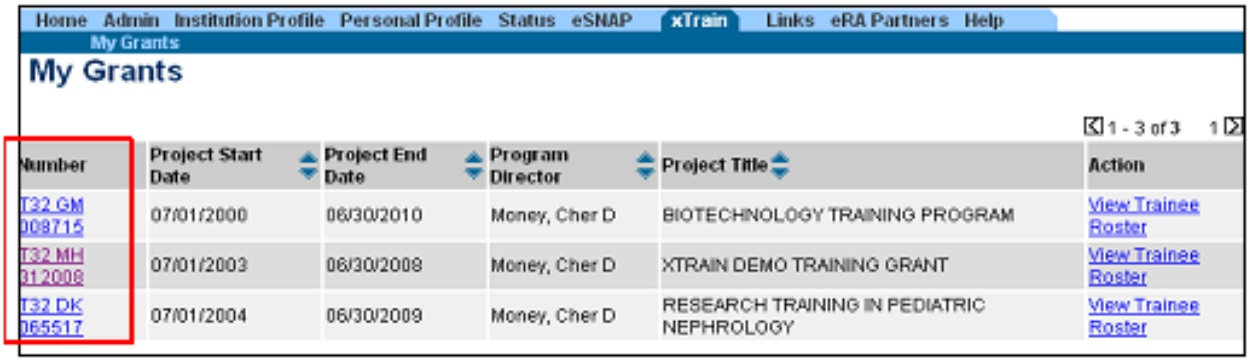
Close

*Figure 104: Routing History Screen.*

**NOTE:** The text listed under the "Action Comments" field includes information that was entered by users in the *Provide Comments* screen.

## View Grant Summaries

On the *My Grants* and *List of Grants* screens, the grant number is a hypertext link that takes the user to the *Grant Summary* screen when clicked. To view a grant summary from the *My Grants* or *List of Grants* screens, click the Grant Number to access the *Grant Summary* screen.



Home Admin Institution Profile Personal Profile Status eSNAP xTrain Links eRA Partners Help

My Grants

My Grants

1 - 3 of 3 1

| Number | Project Start Date | Project End Date | Program Director | Project Title | Action |
|---|---|---|---|---|---|
| T32 GM 008715 | 07/01/2000 | 06/30/2010 | Money, Cher D | BIOTECHNOLOGY TRAINING PROGRAM | View Trainee Roster |
| T32 MH 012008 | 07/01/2003 | 06/30/2008 | Money, Cher D | XTRAIN DEMO TRAINING GRANT | View Trainee Roster |
| T32 DK 065517 | 07/01/2004 | 06/30/2009 | Money, Cher D | RESEARCH TRAINING IN PEDIATRIC NEPHROLOGY | View Trainee Roster |

*Figure 105: My Grants—Number Link.*

**NOTE:** Data entry for previously submitted paper actions may be still in progress.

The *Grant Summary* screen displays.

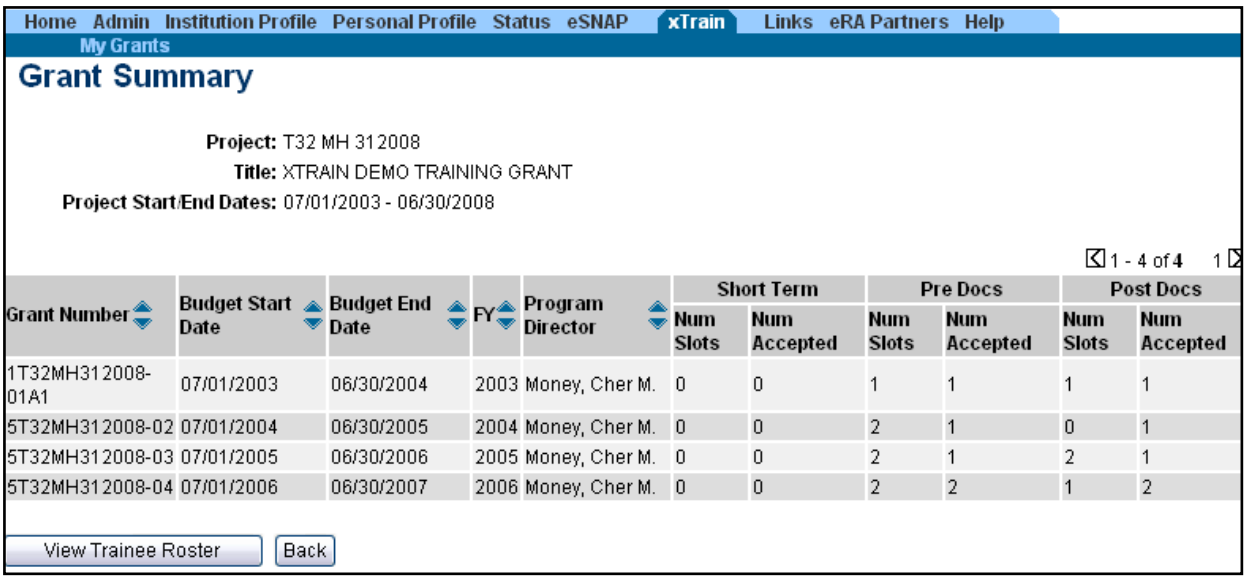



*Figure 106: Grants Summary Screen - Actions Accepted.*

**NOTE:** Fields displayed on the *Grant Summary* screen cannot be edited.

## *View Trainee Roster*

To view the *Trainee Roster* screen from the *My Grants* or *List of Grants* screens:

1. Click on **View Trainee Roster**.

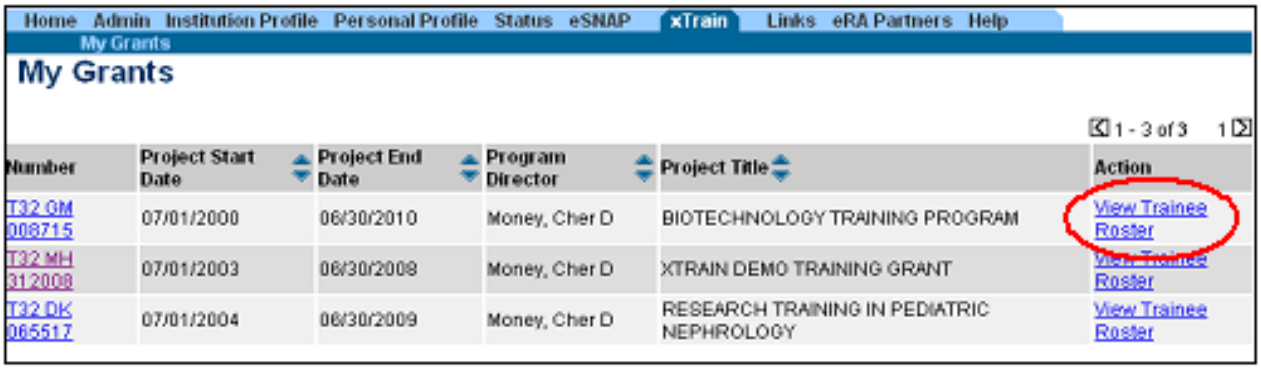
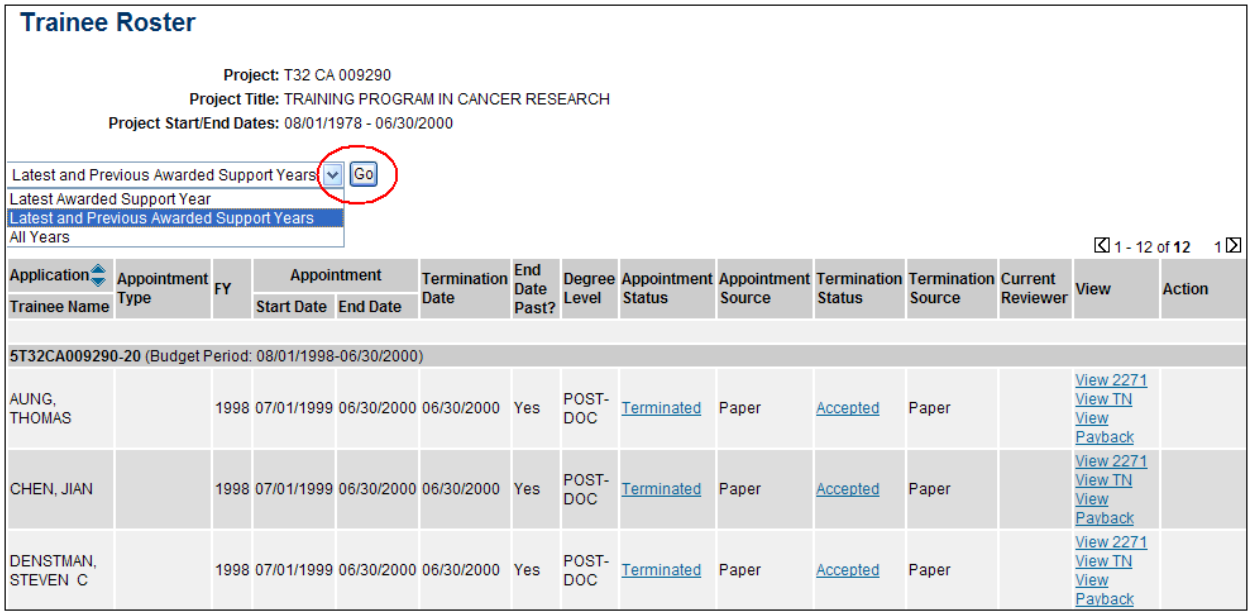



*Figure 107: My Grants Screen - View Trainee Roster Link.*

2. Make a selection from the drop down and click **Go**.



**Trainee Roster**

**Project:** T32 CA 009290
**Project Title:** TRAINING PROGRAM IN CANCER RESEARCH
**Project Start/End Dates:** 08/01/1978 - 06/30/2000

Latest and Previous Awarded Support Years | Go

Latest Awarded Support Year
Latest and Previous Awarded Support Years
All Years

1 - 12 of 12 1

| Application / Trainee Name | Appointment Type | FY | Appointment Start Date | Appointment End Date | Termination Date | End Date Past? | Degree Level | Appointment Status | Appointment Source | Termination Status | Termination Source | Current Reviewer | View | Action |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **5T32CA009290-20** (Budget Period: 08/01/1998-06/30/2000) | | | | | | | | | | | | | | |
| AUNG, THOMAS | | 1998 | 07/01/1999 | 06/30/2000 | 06/30/2000 | Yes | POST-DOC | Terminated | Paper | Accepted | Paper | | View 2271 View TN View Payback | |
| CHEN, JIAN | | 1998 | 07/01/1999 | 06/30/2000 | 06/30/2000 | Yes | POST-DOC | Terminated | Paper | Accepted | Paper | | View 2271 View TN View Payback | |
| DENSTMAN, STEVEN C | | 1998 | 07/01/1999 | 06/30/2000 | 06/30/2000 | Yes | POST-DOC | Terminated | Paper | Accepted | Paper | | View 2271 View TN View Payback | |

*Figure 108: Trainee Roster Screen.*

## Trainee Roster Field

The following are the possible descriptors that can be shown for each of the fields in the Trainee Roster.

(1) Appointment Type:

- New
- Reappointment
- Amendment

(2) Appointment Status:

- Pending Agency Review
- On Hold by Agency
- On Hold by Agency – Waiting Paper Signature
- In Progress PI
- In Progress Trainee
- In Progress BO

(3) Appointment Source:

- Paper
- Electronic

(4) Termination Status:

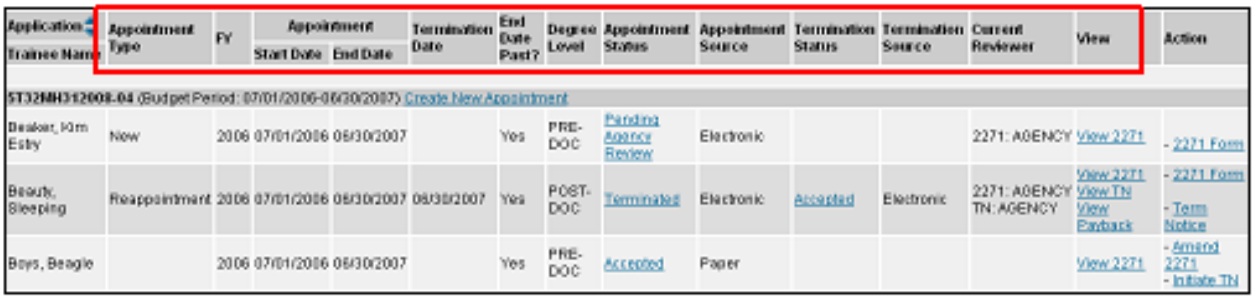
- In Progress PI
- In Progress Trainee
- In Progress BO
- Pending Agency Review
- On Hold by Agency
- Accepted

(5) View:

- View 2271
- View TN
- View Payback

(6) Action:

- Process 2271
- 2271 Form
- Amend 2271
- Initiate TN
- Process TN
- Reappoint 2271 (This only appears when there is an awarded future year for the grant to which the Trainee has not already been appointed.)



| Application / Trainee Name | Appointment Type | FY | Appointment Start Date | Appointment End Date | Termination Date | End Date Past? | Degree Level | Appointment Status | Appointment Source | Termination Status | Termination Source | Current Reviewer | View | Action |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ST32MH312008-04 (Budget Period: 07/01/2006-06/30/2007) Create New Appointment | | | | | | | | | | | | | | |
| Beaker, Kim Estry | New | 2006 | 07/01/2006 | 06/30/2007 | | Yes | PRE-DOC | Pending Agency Review | Electronic | | | 2271: AGENCY | View 2271 | - 2271 Form |
| Beauty, Sleeping | Reappointment | 2006 | 07/01/2006 | 06/30/2007 | 06/30/2007 | Yes | POST-DOC | Terminated | Electronic | Accepted | Electronic | 2271: AGENCY TN: AGENCY | View 2271 View TN View Payback | - 2271 Form - Term Notice |
| Boys, Beagle | | 2006 | 07/01/2006 | 06/30/2007 | | Yes | PRE-DOC | Accepted | Paper | | | | View 2271 | - Amend 2271 - Initiate TN |

*Figure 109: Trainee Roster Fields.*

# 10. Getting Help

Additional xTrain information can be found on the xTrain Support Page at http://era.nih.gov/services_for_applicants/other/xTrain.cfm.

Our xTrain Web-Based Training material can be found at http://era.nih.gov/virtualschool/external/class_xtrain.htm

Users may also request assistance from the eRA Commons Help Desk:

**eRA Commons Help Desk**
**Web:** http://itservicedesk.nih.gov/era/ (Preferred method of contact)
**Toll-free:** 1-866-504-9552
**Phone:** 301-402-7469
**TTY:** 301-451-5939
**Hours:** Mon-Fri, 7:00 a.m. to 8:00 p.m. Eastern Time

**Links of Interest:**

eRA Commons:

https://commons.era.nih.gov/commons/

eRA Web Site:

http://era.nih.gov

xTrain Web Page:

(Application Guide, Quick Reference sheets, FAQs, Training Materials)

http://era.nih.gov/services_for_applicants/other/xTrain.cfm

Ruth L. Kirschstein National Research Service Award Page:

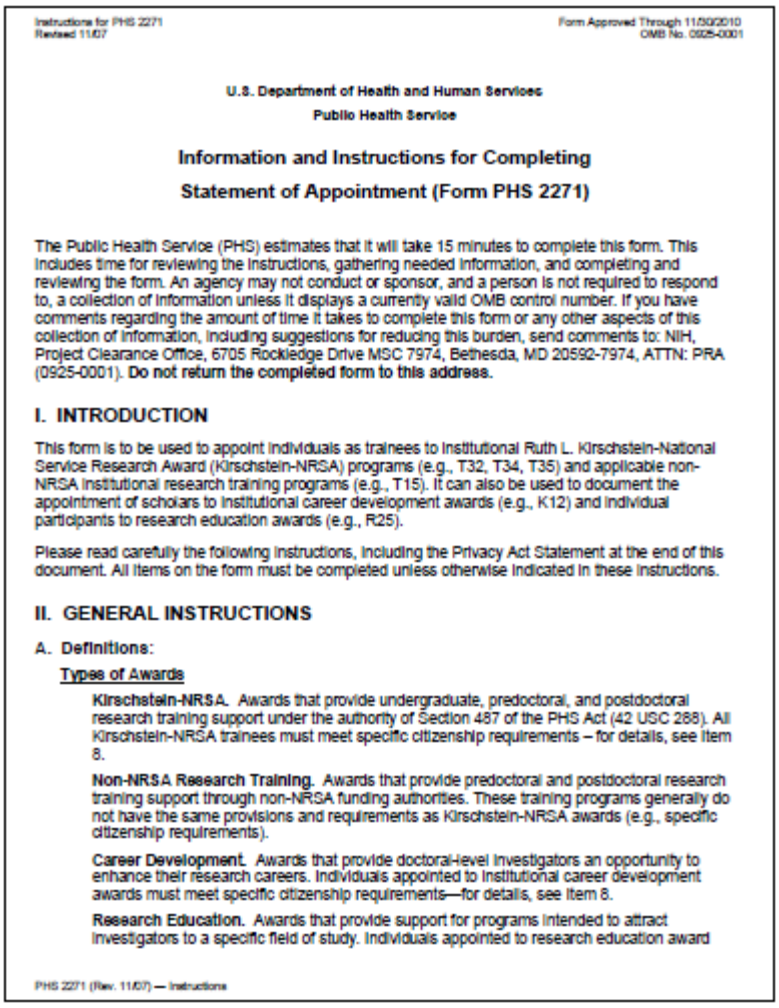
(Policy Information, Stipend Levels, FAQs)

http://grants.nih.gov/training/nrsa.htm

NIH Forms & Applications:

http://grants.nih.gov/grants/forms.htm

# Appendix A – Statement of Training Appointment (Form PHS 2271)



Instructions for PHS 2271
Revised 11/07

Form Approved Through 11/30/2010
OMB No. 0925-0001

U.S. Department of Health and Human Services
Public Health Service

**Information and Instructions for Completing**
**Statement of Appointment (Form PHS 2271)**

The Public Health Service (PHS) estimates that it will take 15 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding the amount of time it takes to complete this form or any other aspects of this collection of information, including suggestions for reducing this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20592-7974, ATTN: PRA (0925-0001). **Do not return the completed form to this address.**

## I. INTRODUCTION

This form is to be used to appoint individuals as trainees to institutional Ruth L. Kirschstein-National Service Research Award (Kirschstein-NRSA) programs (e.g., T32, T34, T35) and applicable non-NRSA institutional research training programs (e.g., T15). It can also be used to document the appointment of scholars to institutional career development awards (e.g., K12) and individual participants to research education awards (e.g., R25).

Please read carefully the following instructions, including the Privacy Act Statement at the end of this document. All items on the form must be completed unless otherwise indicated in these instructions.

## II. GENERAL INSTRUCTIONS

A. **Definitions:**

**Types of Awards**

**Kirschstein-NRSA.** Awards that provide undergraduate, predoctoral, and postdoctoral research training support under the authority of Section 487 of the PHS Act (42 USC 288). All Kirschstein-NRSA trainees must meet specific citizenship requirements – for details, see Item 8.

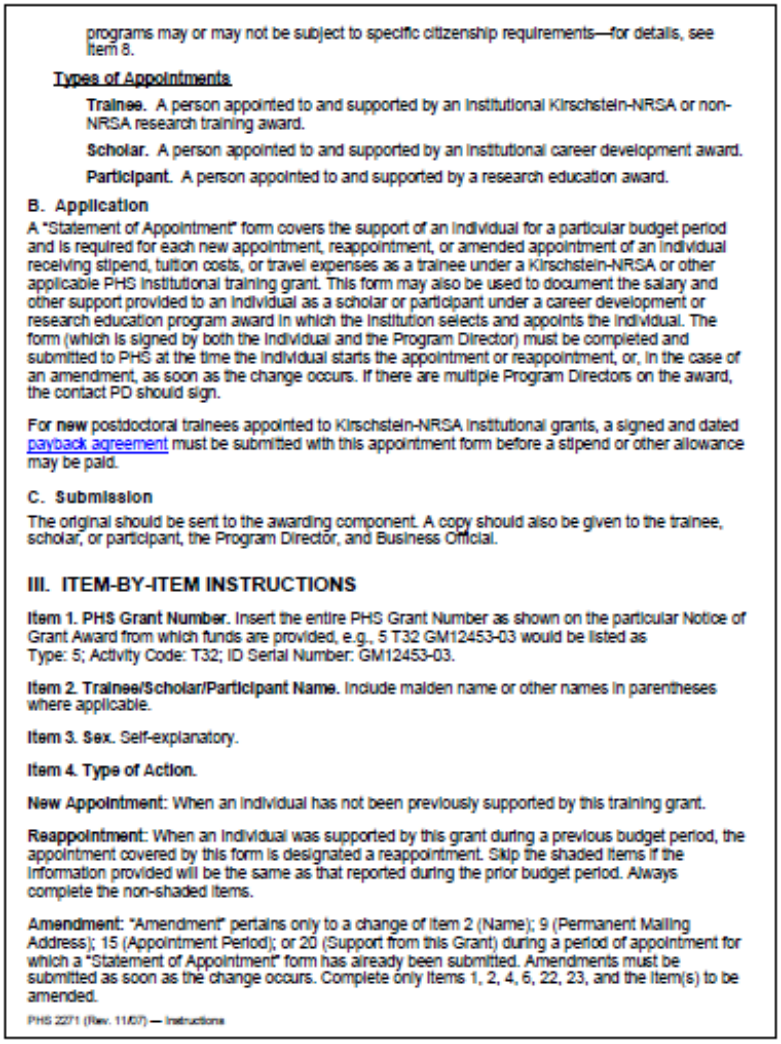
**Non-NRSA Research Training.** Awards that provide predoctoral and postdoctoral research training support through non-NRSA funding authorities. These training programs generally do not have the same provisions and requirements as Kirschstein-NRSA awards (e.g., specific citizenship requirements).

**Career Development.** Awards that provide doctoral-level investigators an opportunity to enhance their research careers. Individuals appointed to institutional career development awards must meet specific citizenship requirements—for details, see Item 8.

**Research Education.** Awards that provide support for programs intended to attract investigators to a specific field of study. Individuals appointed to research education award

PHS 2271 (Rev. 11/07) — Instructions

*Figure 110:Statement of Training Appointment (Form PHS 2271) Instructions*



programs may or may not be subject to specific citizenship requirements—for details, see Item 8.

**Types of Appointments**

**Trainee.** A person appointed to and supported by an institutional Kirschstein-NRSA or non-NRSA research training award.

**Scholar.** A person appointed to and supported by an institutional career development award.

**Participant.** A person appointed to and supported by a research education award.

**B. Application**

A "Statement of Appointment" form covers the support of an individual for a particular budget period and is required for each new appointment, reappointment, or amended appointment of an individual receiving stipend, tuition costs, or travel expenses as a trainee under a Kirschstein-NRSA or other applicable PHS institutional training grant. This form may also be used to document the salary and other support provided to an individual as a scholar or participant under a career development or research education program award in which the institution selects and appoints the individual. The form (which is signed by both the individual and the Program Director) must be completed and submitted to PHS at the time the individual starts the appointment or reappointment, or, in the case of an amendment, as soon as the change occurs. If there are multiple Program Directors on the award, the contact PD should sign.

For **new** postdoctoral trainees appointed to Kirschstein-NRSA institutional grants, a signed and dated payback agreement must be submitted with this appointment form before a stipend or other allowance may be paid.

**C. Submission**

The original should be sent to the awarding component. A copy should also be given to the trainee, scholar, or participant, the Program Director, and Business Official.

**III. ITEM-BY-ITEM INSTRUCTIONS**

**Item 1. PHS Grant Number.** Insert the entire PHS Grant Number as shown on the particular Notice of Grant Award from which funds are provided, e.g., 5 T32 GM12453-03 would be listed as Type: 5; Activity Code: T32; ID Serial Number: GM12453-03.

**Item 2. Trainee/Scholar/Participant Name.** Include maiden name or other names in parentheses where applicable.

**Item 3. Sex.** Self-explanatory.

**Item 4. Type of Action.**

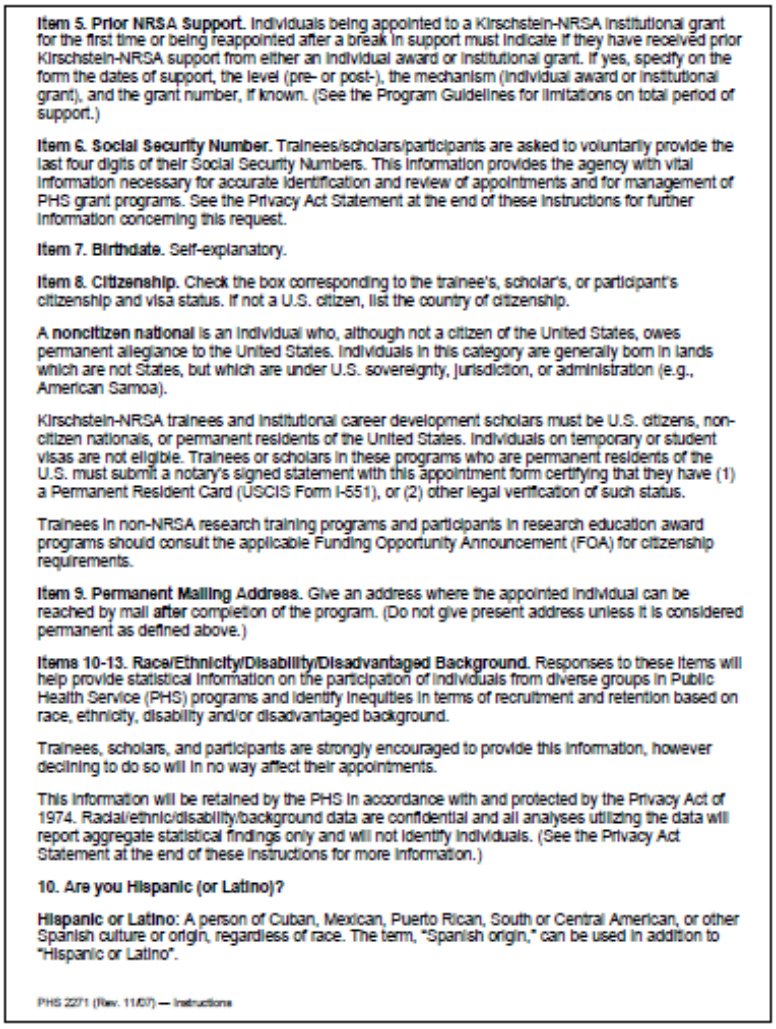
**New Appointment:** When an individual has not been previously supported by this training grant.

**Reappointment:** When an individual was supported by this grant during a previous budget period, the appointment covered by this form is designated a reappointment. Skip the shaded items if the information provided will be the same as that reported during the prior budget period. Always complete the non-shaded items.

**Amendment:** "Amendment" pertains only to a change of Item 2 (Name); 9 (Permanent Mailing Address); 15 (Appointment Period); or 20 (Support from this Grant) during a period of appointment for which a "Statement of Appointment" form has already been submitted. Amendments must be submitted as soon as the change occurs. Complete only Items 1, 2, 4, 6, 22, 23, and the item(s) to be amended.

PHS 2271 (Rev. 11/07) — Instructions

*Figure 111: Statement of Training Appointment (Form PHS 2271) Instructions - continued*



**Item 5. Prior NRSA Support.** Individuals being appointed to a Kirschstein-NRSA institutional grant for the first time or being reappointed after a break in support must indicate if they have received prior Kirschstein-NRSA support from either an individual award or institutional grant. If yes, specify on the form the dates of support, the level (pre- or post-), the mechanism (individual award or institutional grant), and the grant number, if known. (See the Program Guidelines for limitations on total period of support.)

**Item 6. Social Security Number.** Trainees/scholars/participants are asked to voluntarily provide the last four digits of their Social Security Numbers. This information provides the agency with vital information necessary for accurate identification and review of appointments and for management of PHS grant programs. See the Privacy Act Statement at the end of these instructions for further information concerning this request.

**Item 7. Birthdate.** Self-explanatory.

**Item 8. Citizenship.** Check the box corresponding to the trainee's, scholar's, or participant's citizenship and visa status. If not a U.S. citizen, list the country of citizenship.

A **noncitizen national** is an individual who, although not a citizen of the United States, owes permanent allegiance to the United States. Individuals in this category are generally born in lands which are not States, but which are under U.S. sovereignty, jurisdiction, or administration (e.g., American Samoa).

Kirschstein-NRSA trainees and institutional career development scholars must be U.S. citizens, non-citizen nationals, or permanent residents of the United States. Individuals on temporary or student visas are not eligible. Trainees or scholars in these programs who are permanent residents of the U.S. must submit a notary's signed statement with this appointment form certifying that they have (1) a Permanent Resident Card (USCIS Form I-551), or (2) other legal verification of such status.

Trainees in non-NRSA research training programs and participants in research education award programs should consult the applicable Funding Opportunity Announcement (FOA) for citizenship requirements.

**Item 9. Permanent Mailing Address.** Give an address where the appointed individual can be reached by mail **after** completion of the program. (Do not give present address unless it is considered permanent as defined above.)

**Items 10-13. Race/Ethnicity/Disability/Disadvantaged Background.** Responses to these items will help provide statistical information on the participation of individuals from diverse groups in Public Health Service (PHS) programs and identify inequities in terms of recruitment and retention based on race, ethnicity, disability and/or disadvantaged background.

Trainees, scholars, and participants are strongly encouraged to provide this information, however declining to do so will in no way affect their appointments.

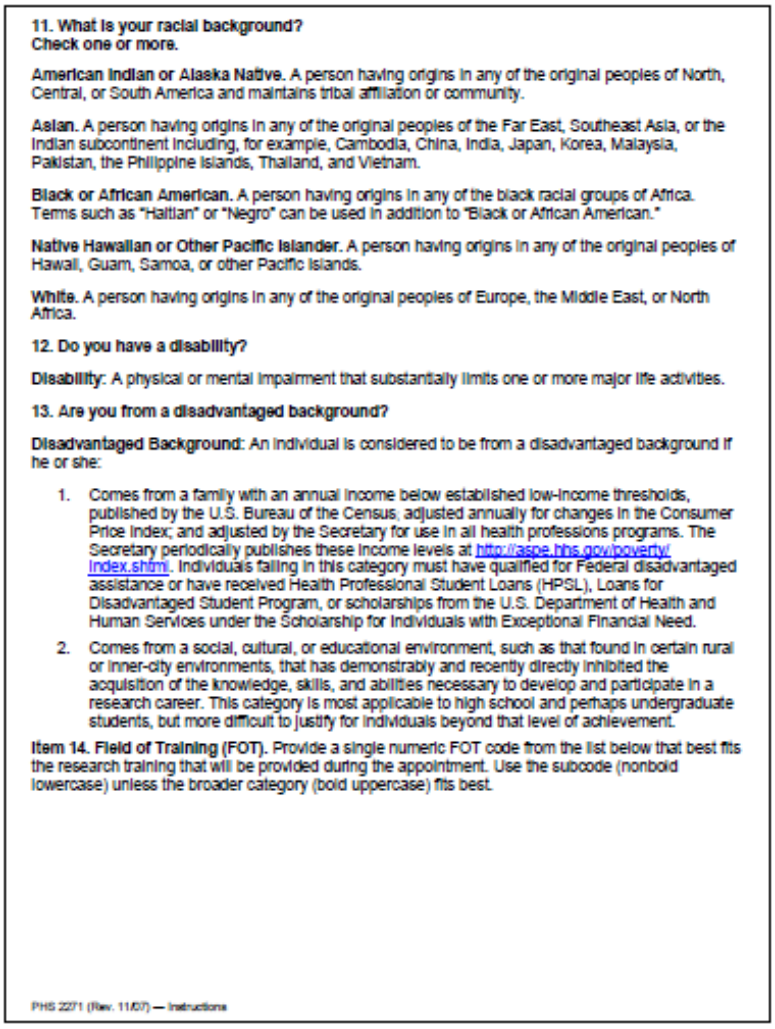
This information will be retained by the PHS in accordance with and protected by the Privacy Act of 1974. Racial/ethnic/disability/background data are confidential and all analyses utilizing the data will report aggregate statistical findings only and will not identify individuals. (See the Privacy Act Statement at the end of these instructions for more information.)

**10. Are you Hispanic (or Latino)?**

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino".

PHS 2271 (Rev. 11/07) — Instructions

*Figure 112: Statement of Training Appointment (Form PHS 2271) - continued*



**11. What is your racial background?**
**Check one or more.**

**American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America and maintains tribal affiliation or community.

**Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**12. Do you have a disability?**

**Disability:** A physical or mental impairment that substantially limits one or more major life activities.

**13. Are you from a disadvantaged background?**

**Disadvantaged Background:** An individual is considered to be from a disadvantaged background if he or she:

1. Comes from a family with an annual income below established low-income thresholds, published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index; and adjusted by the Secretary for use in all health professions programs. The Secretary periodically publishes these income levels at http://aspe.hhs.gov/poverty/index.shtml. Individuals falling in this category must have qualified for Federal disadvantaged assistance or have received Health Professional Student Loans (HPSL), Loans for Disadvantaged Student Program, or scholarships from the U.S. Department of Health and Human Services under the Scholarship for Individuals with Exceptional Financial Need.
2. Comes from a social, cultural, or educational environment, such as that found in certain rural or inner-city environments, that has demonstrably and recently directly inhibited the acquisition of the knowledge, skills, and abilities necessary to develop and participate in a research career. This category is most applicable to high school and perhaps undergraduate students, but more difficult to justify for individuals beyond that level of achievement.

**Item 14. Field of Training (FOT).** Provide a single numeric FOT code from the list below that best fits the research training that will be provided during the appointment. Use the subcode (nonbold lowercase) unless the broader category (bold uppercase) fits best.

PHS 2271 (Rev. 11/07) — Instructions

*Figure 113: Statement of Training Appointment (Form PHS 2271) - continued*

**1000 I. Predominantly Non-Clinical or Lab-Based Research Training**

**1100 BIOCHEMISTRY**
1110 Biological Chemistry
1120 Bioenergetics
1130 Enzymology
1140 Metabolism

**1200 BIOENGINEERING**
1210 Bioelectric/Biomagnetic
1220 Biomaterials
1230 Biomechanical Engineering
1240 Imaging
1250 Instrumentation and Devices
1260 Mathematical Modeling
1270 Medical Implant Science
1280 Nanotechnology
1290 Rehabilitation Engineering
1310 Tissue Engineering

**1400 BIOPHYSICS**
1410 Kinetics
1420 Spectroscopy
1430 Structural Biology
1440 Theoretical Biophysics

**1500 BIOTECHNOLOGY**
1510 Applied Molecular Biology
1520 Bioprocessing and Fermentation
1530 Metabolic Engineering

**1600 CELL AND DEVELOPMENTAL BIOLOGY**
1610 Cell Biology
1620 Developmental Biology

**1700 CHEMISTRY**
1710 Analytical Chemistry
1720 Bioinorganic Chemistry
1730 Bioorganic Chemistry
1740 Biophysical Chemistry
1750 Medicinal Chemistry
1760 Physical Chemistry
1770 Synthetic Chemistry

**1900 ENVIRONMENTAL SCIENCES**

**2000 GENETICS**
2010 Behavioral Genetics
2020 Developmental Genetics
2030 Genetic Epidemiology
2040 Genetics of Aging
2050 Genomics
2060 Human Genetics
2070 Molecular Genetics
2080 Population Genetics

**2200 IMMUNOLOGY**
2210 Asthma and Allergic Mechanisms
2220 Autoimmunity
2230 Immunodeficiency
2240 Immunogenetics
2250 Immunopathology
2260 Immunoregulation
2270 Inflammation
2280 Structural Immunology
2290 Transplantation Biology
2310 Vaccine Development

**2400 MICROBIOLOGY AND INFECTIOUS DISEASES**
2410 Bacteriology
2420 Etiology
2430 HIV/AIDS
2440 Mycology
2450 Parasitology
2460 Pathogenesis of Infectious Diseases
2470 Virology

**2600 MOLECULAR BIOLOGY**

**2800 NEUROSCIENCE**
2810 Behavioral Neuroscience
2820 Cellular neuroscience
2830 Cognitive neuroscience
2840 Communication Neuroscience
2850 Computational Neuroscience
2860 Developmental Neuroscience
2870 Molecular Neuroscience
2880 Neurochemistry
2890 Neurodegeneration
2910 Neuropharmacology
2920 Systems/Integrative Neuroscience

**3100 NUTRITIONAL SCIENCES**

**3200 PHARMACOLOGY**
3210 Molecular Pharmacology
3220 Pharmacodynamics
3230 Pharmacogenetics
3240 Toxicology

**3300 PHYSIOLOGY**
3310 Aging
3320 Anesthesiology (basic science)
3330 Endocrinology (basic science)
3340 Exercise Physiology (basic science)
3350 Integrative Biology
3360 Molecular Medicine
3370 Physiological Optics
3380 Reproductive Physiology

**3500 PLANT BIOLOGY**

**3600 PSYCHOLOGY, NON-CLINICAL**
3610 Behavioral Communication Sciences
3620 Behavioral Medicine (non-clinical)
3630 Cognitive Psychology
3640 Developmental and Child Psychology
3650 Experimental & General Psychology
3660 Mind-Body Studies
3680 Neuropsychology
3690 Personality and Emotion
3710 Physiological Psychology & Psychobiology
3720 Psychology of Aging
3730 Psychometrics
3740 Psychophysics
3750 Social Psychology

**3900 PUBLIC HEALTH**
3910 Disease Prevention and Control
3920 Epidemiology
3930 Health Economics
3940 Health Education
3950 Health Policy Research
3960 Health Services Research
3970 Occupational and Environmental Health

**4100 RADIATION, NON-CLINICAL**
4110 Nuclear Chemistry
4120 Radiation Physics
4130 Radiobiology

**4200 SOCIAL SCIENCES**
4210 Anthropology
4220 Bioethics
4230 Demography & Population Studies
4240 Economics
4250 Education
4260 Language and Linguistics
4270 Sociology

**4400 STATISTICS AND/OR RESEARCH METHODS AND/OR INFORMATICS**
4410 Biostatistics and/or Biometry
4420 Bioinformatics
4430 Computational Science
4440 Information Science
4450 Clinical Trials Methodology

**4600 TRAUMA, NON CLINICAL**

**5000 OTHER, Predominantly Non-Clinical or Lab-Based Research Training**

**6000 II. Predominantly Clinical Research Training (can include any degree)**

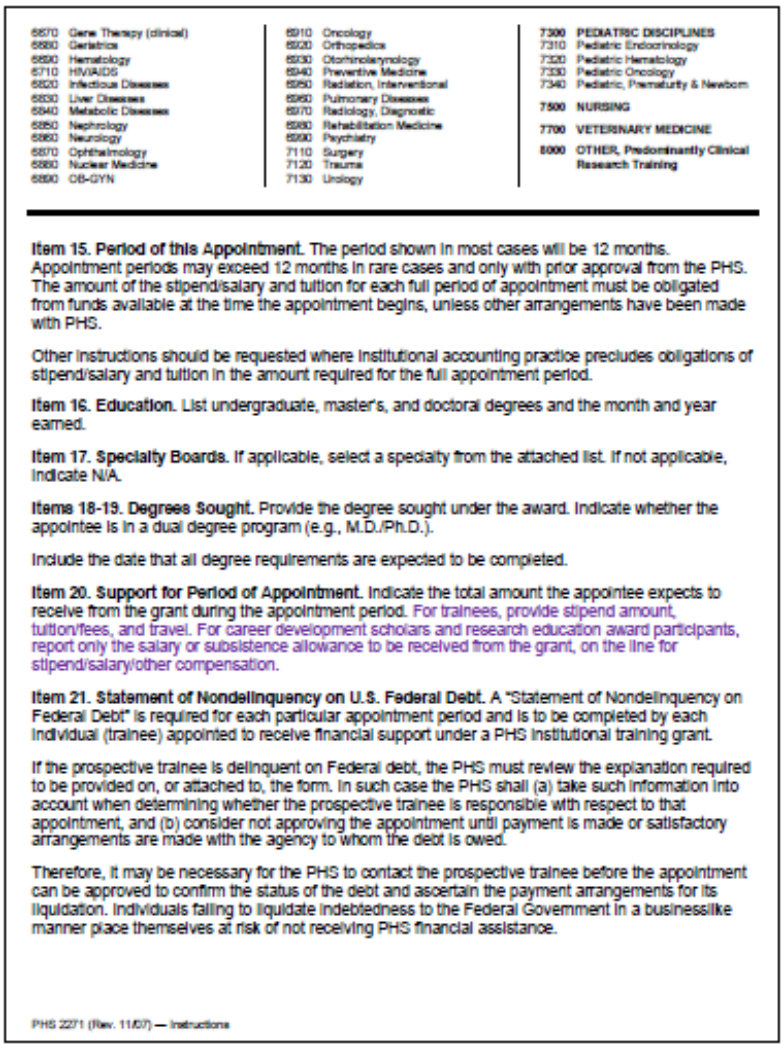
**6100 ALLIED HEALTH**
6110 Audiology
6120 Community Psychology
6130 Exercise Physiology (clinical)
6140 Medical Genetics
6150 Occupational Health
6160 Palliative Care
6170 Physical Therapy
6180 Pharmacy
6190 Social Work
6210 Speech-language Pathology
6211 Rehabilitation

**6400 DENTISTRY**

**6500 CLINICAL DISCIPLINES**
6510 Allergy
6520 Anesthesiology
6530 Behavioral Medicine (clinical)
6540 Cardiovascular Diseases
6550 Clinical Laboratory Medicine
6560 Clinical Nutrition
6570 Clinical Pharmacology
6580 Complementary and Alternative Medicine
6590 Clinical Psychology
6610 Connective Tissue Diseases
6620 Dermatology
6630 Diabetes
6640 Gastroenterology
6650 Endocrinology
6660 Immunology

PHS 2271 (Rev. 11/07) — Instructions

*Figure 114: Statement of Training Appointment (Form PHS 2271) - continued*



6870 Gene Therapy (clinical)
6880 Geriatrics
6890 Hematology
6710 HIV/AIDS
6820 Infectious Diseases
6830 Liver Diseases
6840 Metabolic Diseases
6850 Nephrology
6860 Neurology
6870 Ophthalmology
6880 Nuclear Medicine
6890 OB-GYN

6910 Oncology
6920 Orthopedics
6930 Otorhinolaryngology
6940 Preventive Medicine
6950 Radiation, Interventional
6960 Pulmonary Diseases
6970 Radiology, Diagnostic
6980 Rehabilitation Medicine
6990 Psychiatry
7110 Surgery
7120 Trauma
7130 Urology

7300 PEDIATRIC DISCIPLINES
7310 Pediatric Endocrinology
7320 Pediatric Hematology
7330 Pediatric Oncology
7340 Pediatric, Prematurity & Newborn

7500 NURSING

7700 VETERINARY MEDICINE

8000 OTHER, Predominantly Clinical Research Training

**Item 15. Period of this Appointment.** The period shown in most cases will be 12 months. Appointment periods may exceed 12 months in rare cases and only with prior approval from the PHS. The amount of the stipend/salary and tuition for each full period of appointment must be obligated from funds available at the time the appointment begins, unless other arrangements have been made with PHS.

Other instructions should be requested where institutional accounting practice precludes obligations of stipend/salary and tuition in the amount required for the full appointment period.

**Item 16. Education.** List undergraduate, master's, and doctoral degrees and the month and year earned.

**Item 17. Specialty Boards.** If applicable, select a specialty from the attached list. If not applicable, indicate N/A.

**Items 18-19. Degrees Sought.** Provide the degree sought under the award. Indicate whether the appointee is in a dual degree program (e.g., M.D./Ph.D.).

Include the date that all degree requirements are expected to be completed.

**Item 20. Support for Period of Appointment.** Indicate the total amount the appointee expects to receive from the grant during the appointment period. For trainees, provide stipend amount, tuition/fees, and travel. For career development scholars and research education award participants, report only the salary or subsistence allowance to be received from the grant, on the line for stipend/salary/other compensation.

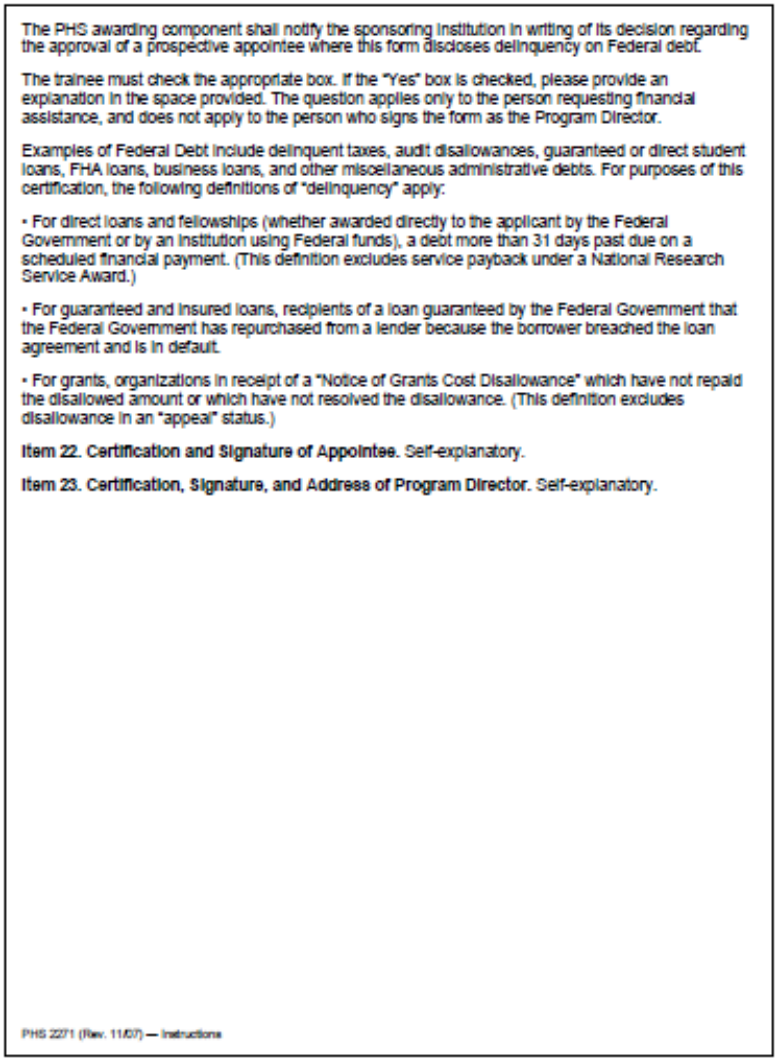
**Item 21. Statement of Nondelinquency on U.S. Federal Debt.** A "Statement of Nondelinquency on Federal Debt" is required for each particular appointment period and is to be completed by each individual (trainee) appointed to receive financial support under a PHS institutional training grant.

If the prospective trainee is delinquent on Federal debt, the PHS must review the explanation required to be provided on, or attached to, the form. In such case the PHS shall (a) take such information into account when determining whether the prospective trainee is responsible with respect to that appointment, and (b) consider not approving the appointment until payment is made or satisfactory arrangements are made with the agency to whom the debt is owed.

Therefore, it may be necessary for the PHS to contact the prospective trainee before the appointment can be approved to confirm the status of the debt and ascertain the payment arrangements for its liquidation. Individuals failing to liquidate indebtedness to the Federal Government in a businesslike manner place themselves at risk of not receiving PHS financial assistance.

PHS 2271 (Rev. 11/07) — Instructions

*Figure 115: Statement of Training Appointment (Form PHS 2271) - continued*



The PHS awarding component shall notify the sponsoring institution in writing of its decision regarding the approval of a prospective appointee where this form discloses delinquency on Federal debt.

The trainee must check the appropriate box. If the "Yes" box is checked, please provide an explanation in the space provided. The question applies only to the person requesting financial assistance, and does not apply to the person who signs the form as the Program Director.

Examples of Federal Debt include delinquent taxes, audit disallowances, guaranteed or direct student loans, FHA loans, business loans, and other miscellaneous administrative debts. For purposes of this certification, the following definitions of "delinquency" apply:

- For direct loans and fellowships (whether awarded directly to the applicant by the Federal Government or by an institution using Federal funds), a debt more than 31 days past due on a scheduled financial payment. (This definition excludes service payback under a National Research Service Award.)

- For guaranteed and insured loans, recipients of a loan guaranteed by the Federal Government that the Federal Government has repurchased from a lender because the borrower breached the loan agreement and is in default.

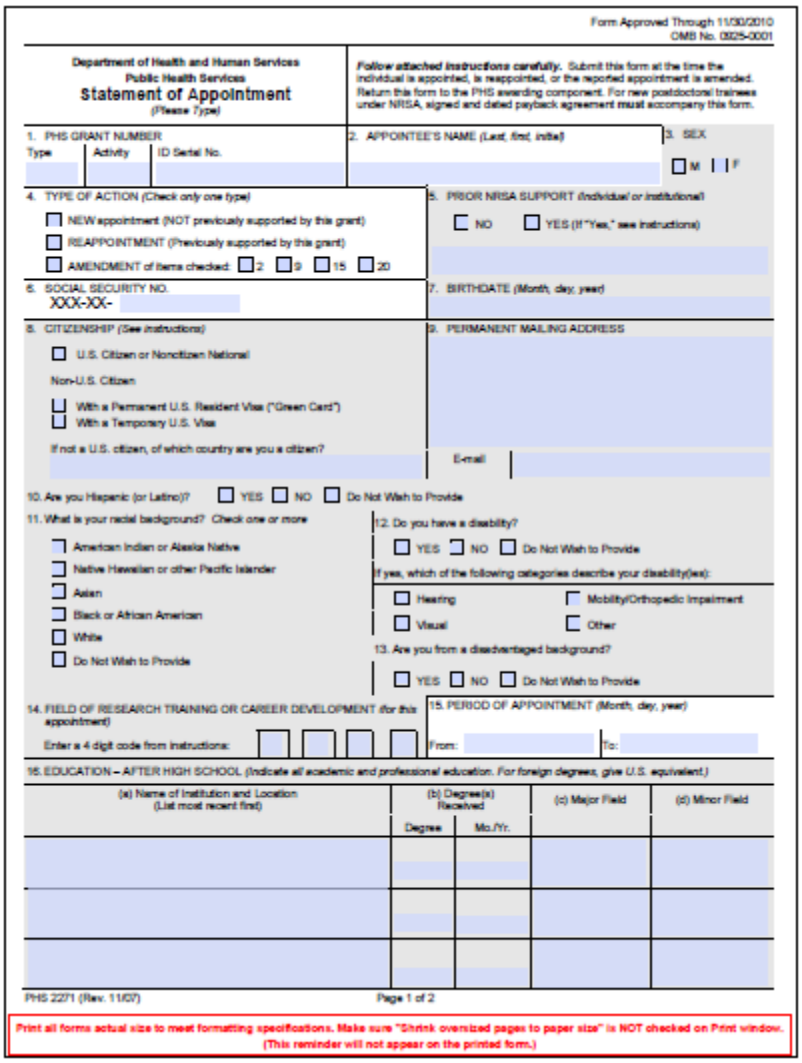
- For grants, organizations in receipt of a "Notice of Grants Cost Disallowance" which have not repaid the disallowed amount or which have not resolved the disallowance. (This definition excludes disallowance in an "appeal" status.)

**Item 22. Certification and Signature of Appointee.** Self-explanatory.

**Item 23. Certification, Signature, and Address of Program Director.** Self-explanatory.

PHS 2271 (Rev. 11/07) — Instructions

*Figure 116: Statement of Training Appointment (Form PHS 2271) – continued*



Form Approved Through 11/30/2010
OMB No. 0925-0001

Department of Health and Human Services
Public Health Services
**Statement of Appointment**
(Please Type)

***Follow attached instructions carefully.*** Submit this form at the time the individual is appointed, is reappointed, or the reported appointment is amended. Return this form to the PHS awarding component. For new postdoctoral trainees under NRSA, signed and dated payback agreement must accompany this form.

1. PHS GRANT NUMBER
Type | Activity | ID Serial No.

2. APPOINTEE'S NAME (Last, first, initial)

3. SEX ☐ M ☐ F

4. TYPE OF ACTION (Check only one type)
☐ NEW appointment (NOT previously supported by this grant)
☐ REAPPOINTMENT (Previously supported by this grant)
☐ AMENDMENT of items checked: ☐ 2 ☐ 9 ☐ 15 ☐ 20

5. PRIOR NRSA SUPPORT (Individual or institutional)
☐ NO ☐ YES (If "Yes," see instructions)

6. SOCIAL SECURITY NO.
XXX-XX-

7. BIRTHDATE (Month, day, year)

8. CITIZENSHIP (See instructions)
☐ U.S. Citizen or Noncitizen National
Non-U.S. Citizen
☐ With a Permanent U.S. Resident Visa ("Green Card")
☐ With a Temporary U.S. Visa
If not a U.S. citizen, of which country are you a citizen?

9. PERMANENT MAILING ADDRESS
E-mail

10. Are you Hispanic (or Latino)? ☐ YES ☐ NO ☐ Do Not Wish to Provide

11. What is your racial background? Check one or more
☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander
☐ Asian
☐ Black or African American
☐ White
☐ Do Not Wish to Provide

12. Do you have a disability?
☐ YES ☐ NO ☐ Do Not Wish to Provide
If yes, which of the following categories describe your disability(ies):
☐ Hearing ☐ Mobility/Orthopedic Impairment
☐ Visual ☐ Other

13. Are you from a disadvantaged background?
☐ YES ☐ NO ☐ Do Not Wish to Provide

14. FIELD OF RESEARCH TRAINING OR CAREER DEVELOPMENT (for this appointment)
Enter a 4 digit code from instructions:

15. PERIOD OF APPOINTMENT (Month, day, year)
From: To:

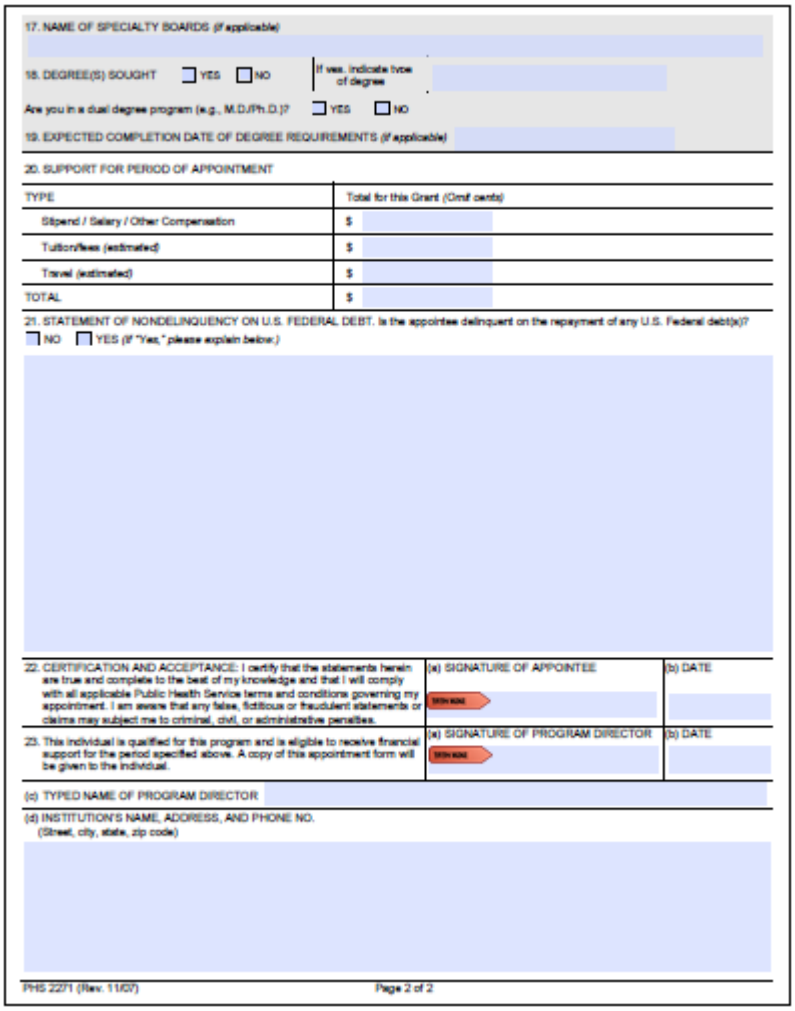
16. EDUCATION – AFTER HIGH SCHOOL (Indicate all academic and professional education. For foreign degrees, give U.S. equivalent.)

| (a) Name of Institution and Location (List most recent first) | (b) Degree(s) Received | | (c) Major Field | (d) Minor Field |
|---|---|---|---|---|
| | Degree | Mo./Yr. | | |
| | | | | |
| | | | | |
| | | | | |

PHS 2271 (Rev. 11/07) Page 1 of 2

Print all forms actual size to meet formatting specifications. Make sure "Shrink oversized pages to paper size" is NOT checked on Print window.
(This reminder will not appear on the printed form.)

*Figure 117: Statement of Training Appointment Form 2271 - Page One*



17. NAME OF SPECIALTY BOARDS (if applicable)

18. DEGREE(S) SOUGHT ☐ YES ☐ NO | If yes, indicate type of degree

Are you in a dual degree program (e.g., M.D./Ph.D.)? ☐ YES ☐ NO

19. EXPECTED COMPLETION DATE OF DEGREE REQUIREMENTS (if applicable)

20. SUPPORT FOR PERIOD OF APPOINTMENT

| TYPE | Total for this Grant (Omit cents) |
|---|---|
| Stipend / Salary / Other Compensation | $ |
| Tuition/fees (estimated) | $ |
| Travel (estimated) | $ |
| TOTAL | $ |

21. STATEMENT OF NONDELINQUENCY ON U.S. FEDERAL DEBT. Is the appointee delinquent on the repayment of any U.S. Federal debt(s)?
☐ NO ☐ YES (If "Yes," please explain below.)

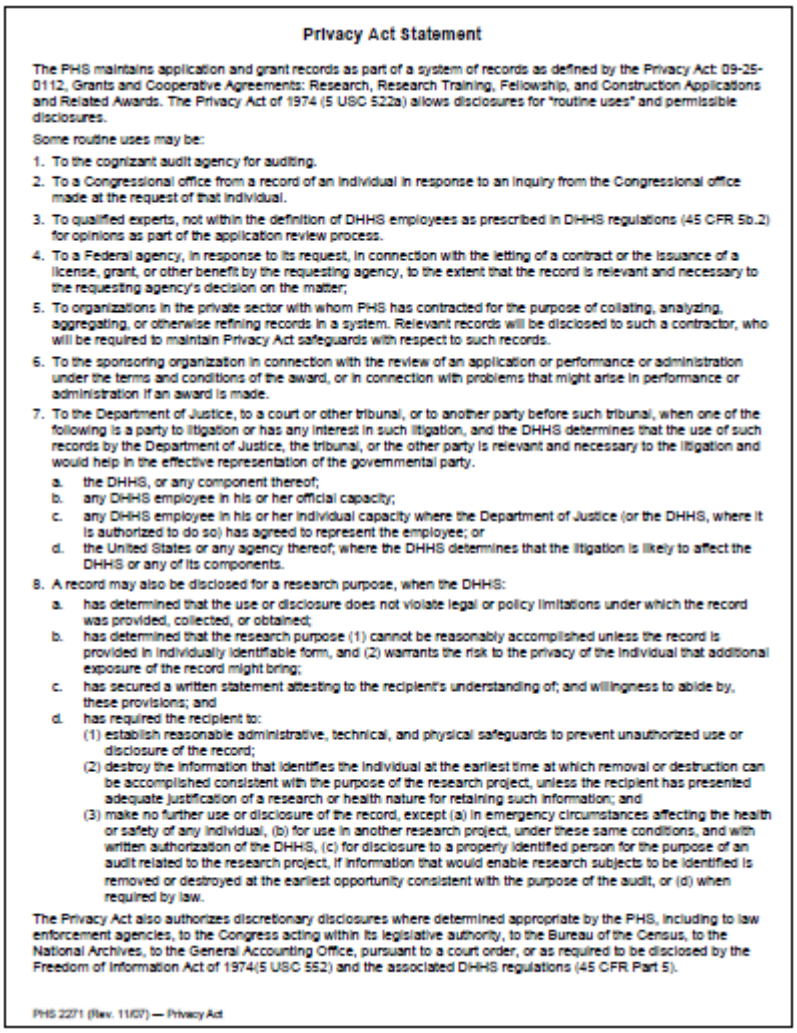
| | | |
|---|---|---|
| 22. CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable Public Health Service terms and conditions governing my appointment. I am aware that any false, fictitious or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. | (a) SIGNATURE OF APPOINTEE | (b) DATE |
| 23. This individual is qualified for this program and is eligible to receive financial support for the period specified above. A copy of this appointment form will be given to the individual. | (a) SIGNATURE OF PROGRAM DIRECTOR | (b) DATE |

(c) TYPED NAME OF PROGRAM DIRECTOR

(d) INSTITUTION'S NAME, ADDRESS, AND PHONE NO.
(Street, city, state, zip code)

PHS 2271 (Rev. 11/07) Page 2 of 2

*Figure 118: Statement of Training Appointment Form 2271 – Page Two*



**Privacy Act Statement**

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0112, Grants and Cooperative Agreements: Research, Research Training, Fellowship, and Construction Applications and Related Awards. The Privacy Act of 1974 (5 USC 522a) allows disclosures for "routine uses" and permissible disclosures.

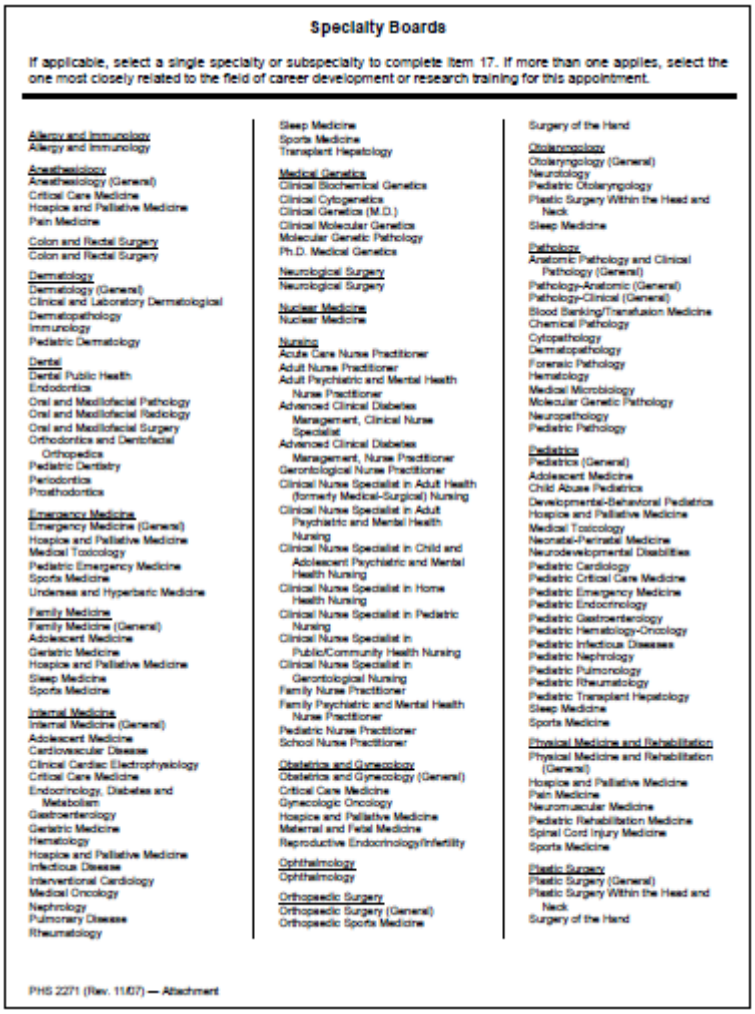
Some routine uses may be:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter;
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.
   a. the DHHS, or any component thereof;
   b. any DHHS employee in his or her official capacity;
   c. any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
   d. the United States or any agency thereof; where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
8. A record may also be disclosed for a research purpose, when the DHHS:
   a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
   b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring;
   c. has secured a written statement attesting to the recipient's understanding of; and willingness to abide by, these provisions; and
   d. has required the recipient to:
      (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;
      (2) destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and
      (3) make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974(5 USC 552) and the associated DHHS regulations (45 CFR Part 5).

PHS 2271 (Rev. 11/07) — Privacy Act

*Figure 119: Statement of Training Appointment Privacy Act*



**Specialty Boards**

If applicable, select a single specialty or subspecialty to complete item 17. If more than one applies, select the one most closely related to the field of career development or research training for this appointment.

Allergy and Immunology
Allergy and Immunology

Anesthesiology
Anesthesiology (General)
Critical Care Medicine
Hospice and Palliative Medicine
Pain Medicine

Colon and Rectal Surgery
Colon and Rectal Surgery

Dermatology
Dermatology (General)
Clinical and Laboratory Dermatological Immunology
Dermatopathology
Pediatric Dermatology

Dental
Dental Public Health
Endodontics
Oral and Maxillofacial Pathology
Oral and Maxillofacial Radiology
Oral and Maxillofacial Surgery
Orthodontics and Dentofacial Orthopedics
Pediatric Dentistry
Periodontics
Prosthodontics

Emergency Medicine
Emergency Medicine (General)
Hospice and Palliative Medicine
Medical Toxicology
Pediatric Emergency Medicine
Sports Medicine
Undersea and Hyperbaric Medicine

Family Medicine
Family Medicine (General)
Adolescent Medicine
Geriatric Medicine
Hospice and Palliative Medicine
Sleep Medicine
Sports Medicine

Internal Medicine
Internal Medicine (General)
Adolescent Medicine
Cardiovascular Disease
Clinical Cardiac Electrophysiology
Critical Care Medicine
Endocrinology, Diabetes and Metabolism
Gastroenterology
Geriatric Medicine
Hematology
Hospice and Palliative Medicine
Infectious Disease
Interventional Cardiology
Medical Oncology
Nephrology
Pulmonary Disease
Rheumatology
Sleep Medicine
Sports Medicine
Transplant Hepatology

Medical Genetics
Clinical Biochemical Genetics
Clinical Cytogenetics
Clinical Genetics (M.D.)
Clinical Molecular Genetics
Molecular Genetic Pathology
Ph.D. Medical Genetics

Neurological Surgery
Neurological Surgery

Nuclear Medicine
Nuclear Medicine

Nursing
Acute Care Nurse Practitioner
Adult Nurse Practitioner
Adult Psychiatric and Mental Health Nurse Practitioner
Advanced Clinical Diabetes Management, Clinical Nurse Specialist
Advanced Clinical Diabetes Management, Nurse Practitioner
Gerontological Nurse Practitioner
Clinical Nurse Specialist in Adult Health (formerly Medical-Surgical) Nursing
Clinical Nurse Specialist in Adult Psychiatric and Mental Health Nursing
Clinical Nurse Specialist in Child and Adolescent Psychiatric and Mental Health Nursing
Clinical Nurse Specialist in Home Health Nursing
Clinical Nurse Specialist in Pediatric Nursing
Clinical Nurse Specialist in Public/Community Health Nursing
Clinical Nurse Specialist in Gerontological Nursing
Family Nurse Practitioner
Family Psychiatric and Mental Health Nurse Practitioner
Pediatric Nurse Practitioner
School Nurse Practitioner

Obstetrics and Gynecology
Obstetrics and Gynecology (General)
Critical Care Medicine
Gynecologic Oncology
Hospice and Palliative Medicine
Maternal and Fetal Medicine
Reproductive Endocrinology/Infertility

Ophthalmology
Ophthalmology

Orthopaedic Surgery
Orthopaedic Surgery (General)
Orthopaedic Sports Medicine
Surgery of the Hand

Otolaryngology
Otolaryngology (General)
Neurotology
Pediatric Otolaryngology
Plastic Surgery Within the Head and Neck
Sleep Medicine

Pathology
Anatomic Pathology and Clinical Pathology (General)
Pathology-Anatomic (General)
Pathology-Clinical (General)
Blood Banking/Transfusion Medicine
Chemical Pathology
Cytopathology
Dermatopathology
Forensic Pathology
Hematology
Medical Microbiology
Molecular Genetic Pathology
Neuropathology
Pediatric Pathology

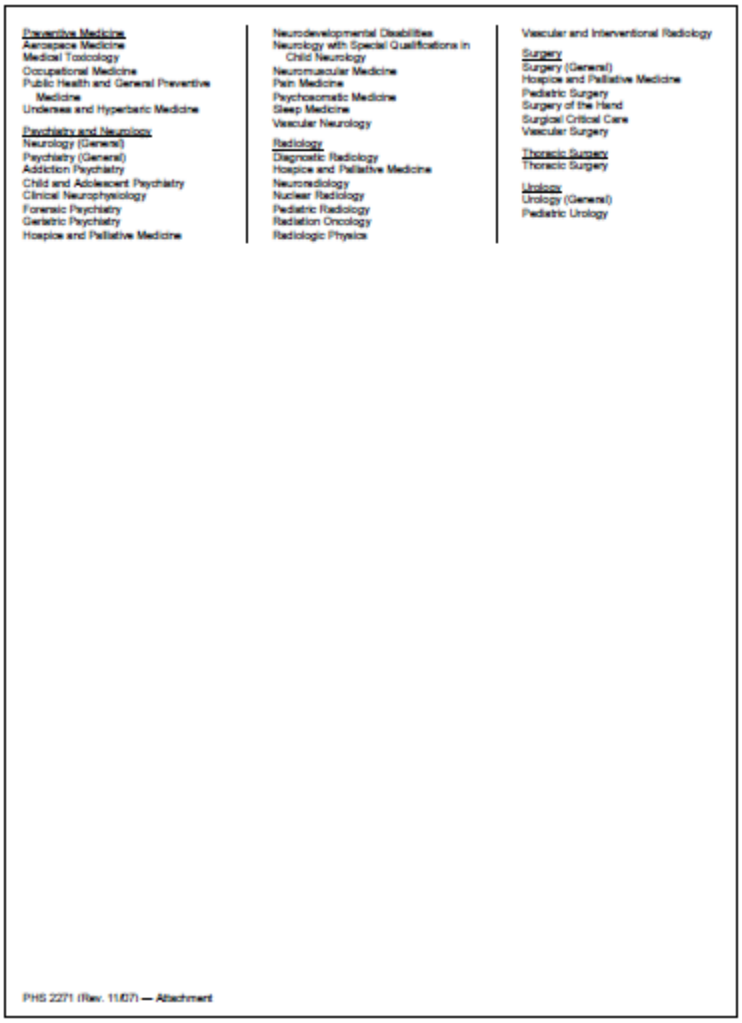
Pediatrics
Pediatrics (General)
Adolescent Medicine
Child Abuse Pediatrics
Developmental-Behavioral Pediatrics
Hospice and Palliative Medicine
Medical Toxicology
Neonatal-Perinatal Medicine
Neurodevelopmental Disabilities
Pediatric Cardiology
Pediatric Critical Care Medicine
Pediatric Emergency Medicine
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Hematology-Oncology
Pediatric Infectious Diseases
Pediatric Nephrology
Pediatric Pulmonology
Pediatric Rheumatology
Pediatric Transplant Hepatology
Sleep Medicine
Sports Medicine

Physical Medicine and Rehabilitation
Physical Medicine and Rehabilitation (General)
Hospice and Palliative Medicine
Pain Medicine
Neuromuscular Medicine
Pediatric Rehabilitation Medicine
Spinal Cord Injury Medicine
Sports Medicine

Plastic Surgery
Plastic Surgery (General)
Plastic Surgery Within the Head and Neck
Surgery of the Hand

PHS 2271 (Rev. 11/07) — Attachment

*Figure 120: Statement of Training Appointment Specialty Boards*



Preventive Medicine
Aerospace Medicine
Medical Toxicology
Occupational Medicine
Public Health and General Preventive Medicine
Undersea and Hyperbaric Medicine

Psychiatry and Neurology
Neurology (General)
Psychiatry (General)
Addiction Psychiatry
Child and Adolescent Psychiatry
Clinical Neurophysiology
Forensic Psychiatry
Geriatric Psychiatry
Hospice and Palliative Medicine
Neurodevelopmental Disabilities
Neurology with Special Qualifications in Child Neurology
Neuromuscular Medicine
Pain Medicine
Psychosomatic Medicine
Sleep Medicine
Vascular Neurology

Radiology
Diagnostic Radiology
Hospice and Palliative Medicine
Neuroradiology
Nuclear Radiology
Pediatric Radiology
Radiation Oncology
Radiologic Physics
Vascular and Interventional Radiology

Surgery
Surgery (General)
Hospice and Palliative Medicine
Pediatric Surgery
Surgery of the Hand
Surgical Critical Care
Vascular Surgery

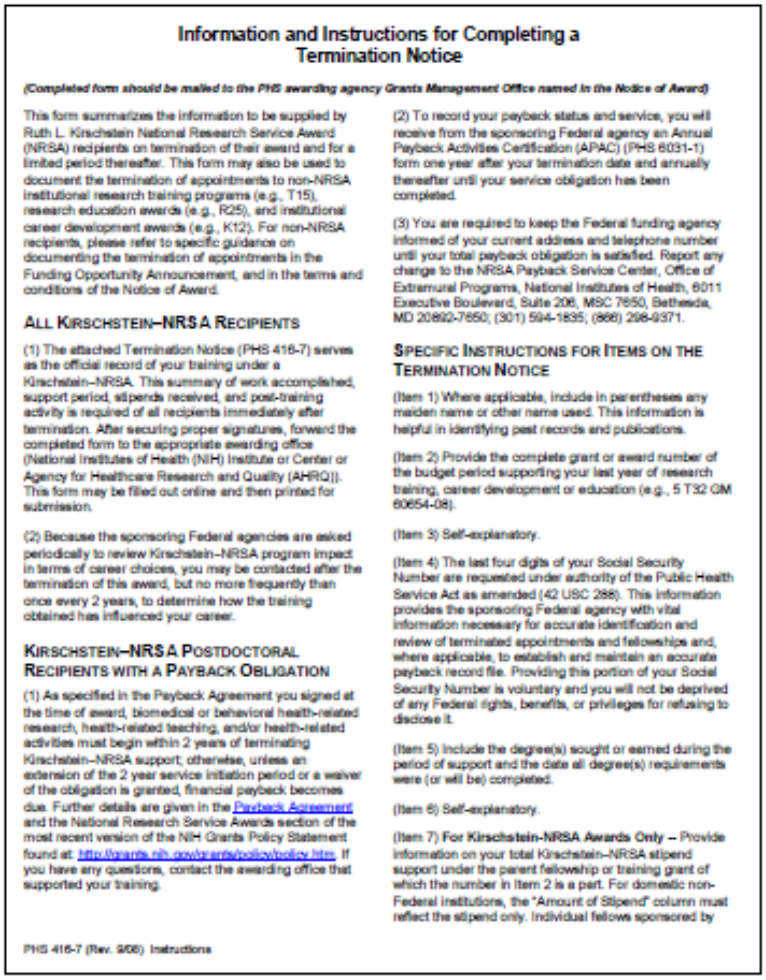
Thoracic Surgery
Thoracic Surgery

Urology
Urology (General)
Pediatric Urology

PHS 2271 (Rev. 11/07) — Attachment

*Figure 121: Statement of Training Appointment Specialty Boards - continued*

# Appendix B – Termination Notice (Form 416-7)



## Information and Instructions for Completing a Termination Notice

***(Completed form should be mailed to the PHS awarding agency Grants Management Office named in the Notice of Award)***

This form summarizes the information to be supplied by Ruth L. Kirschstein National Research Service Award (NRSA) recipients on termination of their award and for a limited period thereafter. This form may also be used to document the termination of appointments to non-NRSA institutional research training programs (e.g., T15), research education awards (e.g., R25), and institutional career development awards (e.g., K12). For non-NRSA recipients, please refer to specific guidance on documenting the termination of appointments in the Funding Opportunity Announcement, and in the terms and conditions of the Notice of Award.

### ALL KIRSCHSTEIN–NRSA RECIPIENTS

(1) The attached Termination Notice (PHS 416-7) serves as the official record of your training under a Kirschstein–NRSA. This summary of work accomplished, support period, stipends received, and post-training activity is required of all recipients immediately after termination. After securing proper signatures, forward the completed form to the appropriate awarding office (National Institutes of Health (NIH) Institute or Center or Agency for Healthcare Research and Quality (AHRQ)). This form may be filled out online and then printed for submission.

(2) Because the sponsoring Federal agencies are asked periodically to review Kirschstein–NRSA program impact in terms of career choices, you may be contacted after the termination of this award, but no more frequently than once every 2 years, to determine how the training obtained has influenced your career.

### KIRSCHSTEIN–NRSA POSTDOCTORAL RECIPIENTS WITH A PAYBACK OBLIGATION

(1) As specified in the Payback Agreement you signed at the time of award, biomedical or behavioral health-related research, health-related teaching, and/or health-related activities must begin within 2 years of terminating Kirschstein–NRSA support; otherwise, unless an extension of the 2 year service initiation period or a waiver of the obligation is granted, financial payback becomes due. Further details are given in the Payback Agreement and the National Research Service Awards section of the most recent version of the NIH Grants Policy Statement found at: http://grants.nih.gov/grants/policy/policy.htm. If you have any questions, contact the awarding office that supported your training.

(2) To record your payback status and service, you will receive from the sponsoring Federal agency an Annual Payback Activities Certification (APAC) (PHS 6031-1) form one year after your termination date and annually thereafter until your service obligation has been completed.

(3) You are required to keep the Federal funding agency informed of your current address and telephone number until your total payback obligation is satisfied. Report any change to the NRSA Payback Service Center, Office of Extramural Programs, National Institutes of Health, 6011 Executive Boulevard, Suite 206, MSC 7650, Bethesda, MD 20892-7650; (301) 594-1835; (866) 298-9371.

### SPECIFIC INSTRUCTIONS FOR ITEMS ON THE TERMINATION NOTICE

(Item 1) Where applicable, include in parentheses any maiden name or other name used. This information is helpful in identifying past records and publications.

(Item 2) Provide the complete grant or award number of the budget period supporting your last year of research training, career development or education (e.g., 5 T32 GM 60654-08).

(Item 3) Self-explanatory.

(Item 4) The last four digits of your Social Security Number are requested under authority of the Public Health Service Act as amended (42 USC 288). This information provides the sponsoring Federal agency with vital information necessary for accurate identification and review of terminated appointments and fellowships and, where applicable, to establish and maintain an accurate payback record file. Providing this portion of your Social Security Number is voluntary and you will not be deprived of any Federal rights, benefits, or privileges for refusing to disclose it.

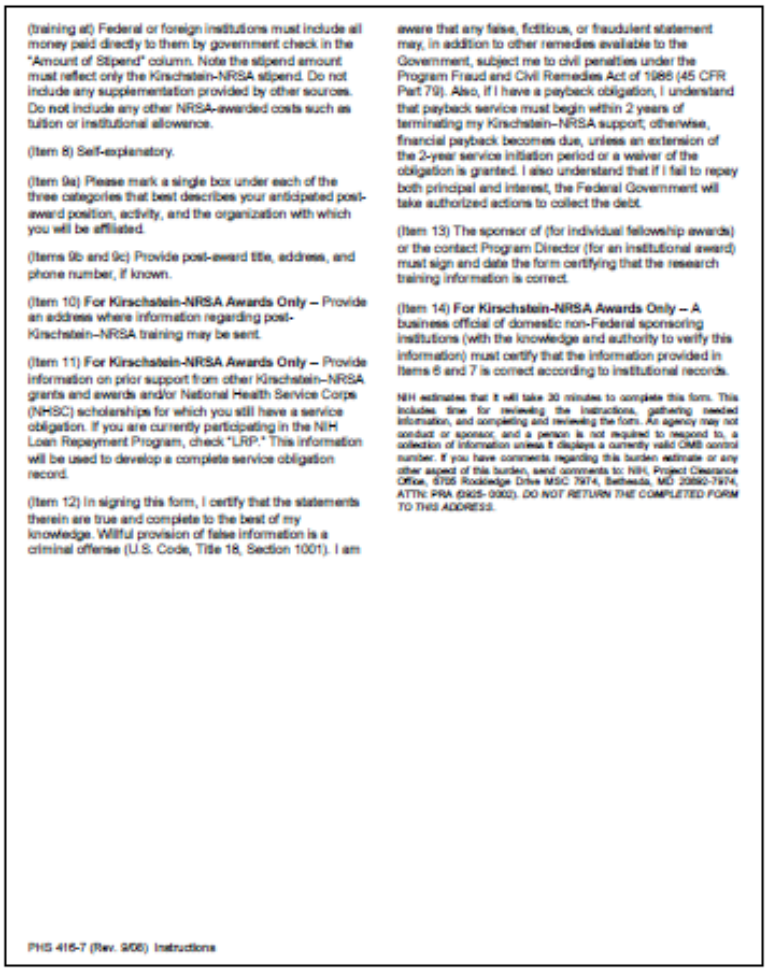
(Item 5) Include the degree(s) sought or earned during the period of support and the date all degree(s) requirements were (or will be) completed.

(Item 6) Self-explanatory.

(Item 7) **For Kirschstein-NRSA Awards Only** – Provide information on your total Kirschstein–NRSA stipend support under the parent fellowship or training grant of which the number in Item 2 is a part. For domestic non-Federal institutions, the "Amount of Stipend" column must reflect the stipend only. Individual fellows sponsored by

PHS 416-7 (Rev. 9/08) Instructions

*Figure 122: Termination Notice (Form 416-7) Instructions*



(training at) Federal or foreign institutions must include all money paid directly to them by government check in the "Amount of Stipend" column. Note the stipend amount must reflect only the Kirschstein-NRSA stipend. Do not include any supplementation provided by other sources. Do **not** include any other NRSA-awarded costs such as tuition or institutional allowance.

(Item 8) Self-explanatory.

(Item 9a) Please mark a single box under each of the three categories that best describes your anticipated post-award position, activity, and the organization with which you will be affiliated.

(Items 9b and 9c) Provide post-award title, address, and phone number, if known.

(Item 10) **For Kirschstein-NRSA Awards Only –** Provide an address where information regarding post-Kirschstein–NRSA training may be sent.

(Item 11) **For Kirschstein-NRSA Awards Only –** Provide information on prior support from other Kirschstein–NRSA grants and awards and/or National Health Service Corps (NHSC) scholarships for which you still have a service obligation. If you are currently participating in the NIH Loan Repayment Program, check "LRP." This information will be used to develop a complete service obligation record.

(Item 12) In signing this form, I certify that the statements therein are true and complete to the best of my knowledge. Willful provision of false information is a criminal offense (U.S. Code, Title 18, Section 1001). I am aware that any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud and Civil Remedies Act of 1986 (45 CFR Part 79). Also, if I have a payback obligation, I understand that payback service must begin within 2 years of terminating my Kirschstein–NRSA support; otherwise, financial payback becomes due, unless an extension of the 2-year service initiation period or a waiver of the obligation is granted. I also understand that if I fail to repay both principal and interest, the Federal Government will take authorized actions to collect the debt.

(Item 13) The sponsor of (for individual fellowship awards) or the contact Program Director (for an institutional award) must sign and date the form certifying that the research training information is correct.

(Item 14) **For Kirschstein-NRSA Awards Only –** A business official of domestic non-Federal sponsoring institutions (with the knowledge and authority to verify this information) must certify that the information provided in Items 6 and 7 is correct according to institutional records.

NIH estimates that it will take 30 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspect of this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925- 0002). *DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS.*

PHS 416-7 (Rev. 9/06) Instructions

*Figure 123: Termination Notice (Form 416-7) Instructions – continued*

Form Approved Through 09/30/2011 OMB No. 0925-0002

**Department of Health and Human Services**
**Public Health Service**

**Ruth L. Kirschstein National Research Service Award**

# Termination Notice

1. NAME OF FELLOW OR APPOINTEE (*Last, first, middle*)

2. GRANT NO.

3. NAME OF SPONSORING INSTITUTION

4. SOCIAL SECURITY NO. XXX-XX-

5. DEGREE(S) EARNED/ COMPLETION DATE(S)

6. DATES OF SUPPORT UNDER THIS AWARD (Month, day, year): FROM: TO:

7. TOTAL KIRSCHSTEIN-NRSA STIPEND RECEIVED AND NUMBER OF MONTHS SUPPORTED UNDER THIS AWARD (See specific instructions for Amount of Stipend)

| YEAR OF SUPPORT | AMOUNT OF STIPEND | NUMBER OF Months | Days | YEAR OF SUPPORT | AMOUNT OF STIPEND | NUMBER OF Months | Days |
|---|---|---|---|---|---|---|---|
| 1ST YEAR | | | | 5TH YEAR | | | |
| 2ND YEAR | | | | 6TH YEAR | | | |
| 3RD YEAR | | | | 7TH YEAR | | | |
| 4TH YEAR | | | | **TOTALS** | | | |

8. Provide a summary of training received and research undertaken during fellowship or trainee tenure. List publications, if any, resulting from the research during this period. List grants and career awards pending and received. *If fellowship or training appointment is being terminated early, state reason.*

9a. POST-AWARD INFORMATION: Please mark a single box in each of the categories below.

| Type of Position | Activity | Organization |
|---|---|---|
| ☐ Student | ☐ Further Education/Training | ☐ Academic |
| ☐ Resident/Clinical Fellow | ☐ Teaching | ☐ Industry |
| ☐ Postdoctoral Researcher | ☐ Research | ☐ Government |
| ☐ Research Scientist (non-faculty) | ☐ Administration | ☐ Hospital |
| ☐ Faculty: Tenure-Track | ☐ Clinical Practice | ☐ Non-profit |
| ☐ Faculty: Other | ☐ Unknown | ☐ Unknown |
| ☐ Clinical Staff/Private Practice | ☐ Other: | ☐ Other: |
| ☐ Unknown | | |
| ☐ Other: | | |

9b. POST-AWARD POSITION TITLE, FIELD, NAME OF ORGANIZATION, CITY, AND STATE

9c. TEL NO.

10a. MAILING ADDRESS AFTER TERMINATION OF THIS KIRSCHSTEIN-NRSA SUPPORT (Street, city, state, zip code)

10b. TEL NO.

E-MAIL:

11. OTHER PHS SERVICE OBLIGATION SUPPORT

☐ NHSC Scholarship: No of months:

☐ Kirschstein-NRSA: No. of months:

Period of support:

Grant No.:

☐ LRP

12. SIGNATURE OF FELLOW OR APPOINTEE (See specific instructions) DATE

**13. Certification of Sponsor or Program Director**: that to the best of my knowledge all the above information is correct.

| SIGNATURE | DATE | TYPED NAME OF SPONSOR OR PROGRAM DIRECTOR |
|---|---|---|
| | | |

**14. Business Official's Verification of Items 6 and 7.** (Not applicable to individual fellows at Federal or foreign institutions.)

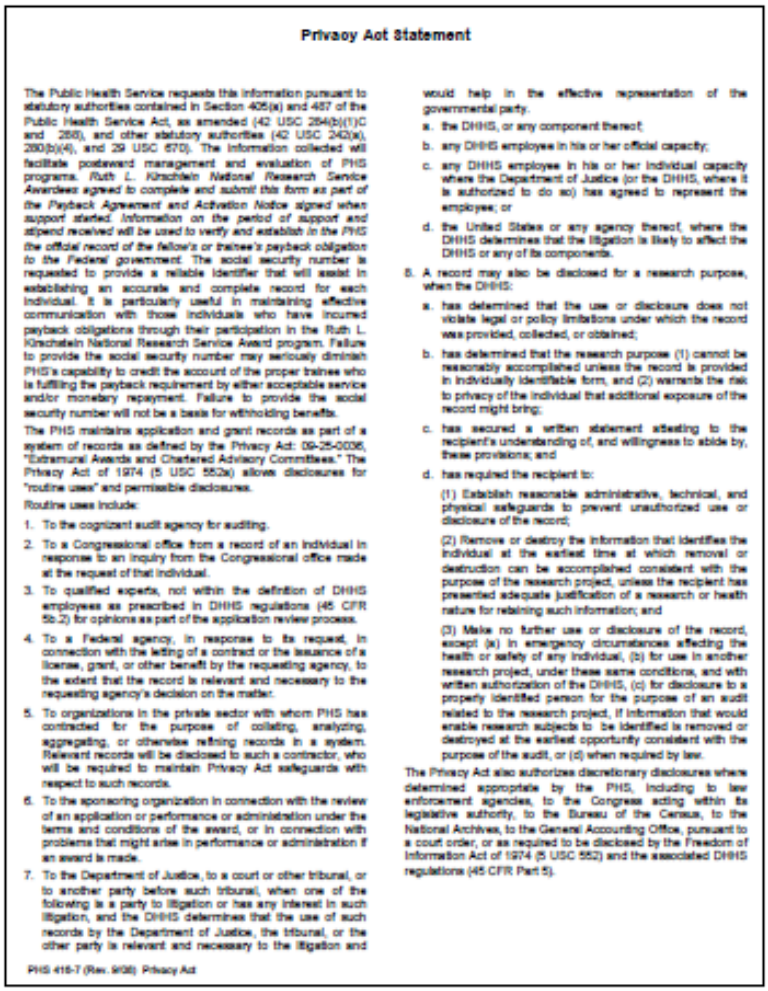
| SIGNATURE | DATE | TYPED NAME OF BUSINESS OFFICIAL | TEL: / FAX: |
|---|---|---|---|
| | | | |

**15.** *(For Government use only)* **The information provided in Items 6 and 7 is in agreement with PHS records.**

| SIGNATURE | DATE | TYPED NAME AND AWARDING OFFICE |
|---|---|---|
| | | |

PHS 416-7 (Rev. 9/08)

*Figure 124: Termination Notice Form 416-7*



**Privacy Act Statement**

The Public Health Service requests this information pursuant to statutory authorities contained in Section 405(a) and 487 of the Public Health Service Act, as amended (42 USC 284(b)(1)(C and 288), and other statutory authorities (42 USC 242(k), 280(b)(4), and 29 USC 670). The information collected will facilitate postaward management and evaluation of PHS programs. *Ruth L. Kirschstein National Research Service Awardees agreed to complete and submit this form as part of the Payback Agreement and Activation Notice signed when support started. Information on the period of support and stipend received will be used to verify and establish in the PHS the official record of the fellow's or trainee's payback obligation to the Federal government.* The social security number is requested to provide a reliable identifier that will assist in establishing an accurate and complete record for each individual. It is particularly useful in maintaining effective communication with those individuals who have incurred payback obligations through their participation in the Ruth L. Kirschstein National Research Service Award program. Failure to provide the social security number may seriously diminish PHS's capability to credit the account of the proper trainee who is fulfilling the payback requirement by either acceptable service and/or monetary repayment. Failure to provide the social security number will not be a basis for withholding benefits.

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0036, "Extramural Awards and Chartered Advisory Committees." The Privacy Act of 1974 (5 USC 552a) allows disclosures for "routine uses" and permissible disclosures.

Routine uses include:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter.
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.
   a. the DHHS, or any component thereof;
   b. any DHHS employee in his or her official capacity;
   c. any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
   d. the United States or any agency thereof, where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
8. A record may also be disclosed for a research purpose, when the DHHS:
   a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
   b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to privacy of the individual that additional exposure of the record might bring;
   c. has secured a written statement attesting to the recipient's understanding of, and willingness to abide by, these provisions; and
   d. has required the recipient to:

      (1) Establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;

      (2) Remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and

      (3) Make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974 (5 USC 552) and the associated DHHS regulations (45 CFR Part 5).

PHS 416-7 (Rev. 9/06) Privacy Act

*Figure 125: Privacy Act Statement*

# Appendix C – Payback Agreement (Form PHS 6031)

Form Approved Through 09/30/2011 OMB No. 0925-0002

**Ruth L. Kirschstein National Research Service Award**
**Payback Agreement**

***To be completed by Trainees and Fellows before beginning the first 12 months of postdoctoral support***
***(Completed form should be mailed to the awarding Federal Agency Grants Management Office named in the Notice of Award)***

***This agreement is an important condition of award. Please read carefully before signing.***

***Introduction***-Section 1602 of the NIH Revitalization Act of 1993, which was signed into law on June 10, 1993, contains provisions which substantially modify the service payback requirements for individuals receiving Ruth L. Kirschstein National Research Service Awards (NRSA). These modifications apply to individuals beginning Kirschstein-NRSA-supported appointments or fellowship awards on or after June 10, 1993. Under these requirements:

- Predoctoral Kirschstein-NRSA recipients will *not* incur a payback obligation;
- Postdoctoral Kirschstein-NRSA recipients will incur a payback obligation only during the initial 12 months of postdoctoral Kirschstein-NRSA support;
- Postdoctoral Kirschstein-NRSA recipients in the 13th or subsequent months of Kirschstein-NRSA support do *not* incur any additional payback obligation.

Under the new requirements, payback obligations stemming from postdoctoral Kirschstein-NRSA support may be discharged in the following ways:

- By receiving an equal period of postdoctoral Kirschstein-NRSA support beginning in the 13th month of such postdoctoral Kirschstein-NRSA support;
- By engaging in an equal period of health-related research, research training, and/or health-related activities that averages at least 20 hours per week based on a full work year;
- By engaging in an equal period of health-related teaching that averages at least 20 hours per week based on a full work year.

Kirschstein-NRSA appointments or individual awards will be governed by the service payback requirements articulated in the National Research Service Award Guidelines. These guidelines can be found in the NRSA portion of the most recent version of the NIH Grants Policy Statement found at: http://grants.nih.gov/grants/policy/policy.htm.

For additional questions regarding the Payback Agreement contact:

NRSA Payback Service Center
Phone: (301) 594-1835 or (866) 298-9371
nrsapaybackcenter@mail.nih.gov

***I. SERVICE REQUIREMENT***

In accepting a Ruth L. Kirschstein National Research Service Award to support my postdoctoral research training, I understand that my first 12 months of Kirschstein-NRSA support for postdoctoral research training carries with it a payback obligation. I hereby agree to engage in a month of health-related research, health-related research training, or health-related teaching for each month I receive Kirschstein-NRSA support for postdoctoral research training up to and including 12 months. If I receive Kirschstein-NRSA support for postdoctoral research training for more than 12 months, I agree that the 13th month and each subsequent month of Kirschstein-NRSA-supported postdoctoral research training will satisfy a month of my payback obligation incurred in the first 12 months. This service shall be initiated within 2 years after termination of Kirschstein-NRSA support. The research, teaching, and/or health-related activities shall be on a continuous basis and shall average at least 20 hours per week of a full work year. For information regarding deferral of the NRSA obligation due to participation in the NIH Loan Repayment Program see: http://www.lrp.nih.gov.

***II. FINANCIAL PAYBACK PROVISIONS***

I understand that if I fail to undertake or perform such service in accordance with Section I, the United States will be entitled to recover from me an amount determined in accordance with the following formula:

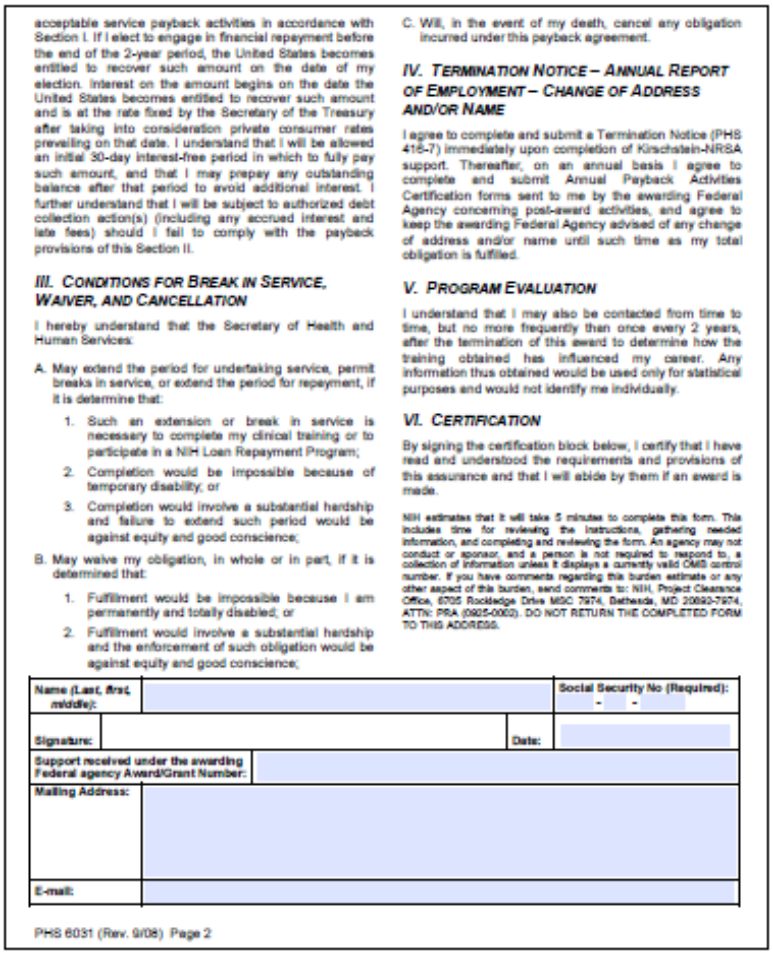
$$A = F\,[(t-s)/t]$$

Where "A" is the amount the United States is entitled to recover; "F" is the sum of the total amount paid to me under the initial 12 months of my postdoctoral Ruth L. Kirschstein National Research Service Award support; "t" is the total number of months in my service obligation; and "s" is the number of months of such obligation served.

Except as provided in Section III below, any amount the United States is entitled to recover from me shall be paid within the 3-year period beginning on the date the United States becomes entitled to recover such amount. The United States becomes entitled to recover such amount 2 years after termination of my Ruth L. Kirschstein National Research Service Award support if I do not engage in

PHS 6031 (Rev. 9/08) Page 1

*Figure 126: Payback Agreement (Form PHS 6031)*



acceptable service payback activities in accordance with Section I. If I elect to engage in financial repayment before the end of the 2-year period, the United States becomes entitled to recover such amount on the date of my election. Interest on the amount begins on the date the United States becomes entitled to recover such amount and is at the rate fixed by the Secretary of the Treasury after taking into consideration private consumer rates prevailing on that date. I understand that I will be allowed an initial 30-day interest-free period in which to fully pay such amount, and that I may prepay any outstanding balance after that period to avoid additional interest. I further understand that I will be subject to authorized debt collection action(s) (including any accrued interest and late fees) should I fail to comply with the payback provisions of this Section II.

### III. Conditions for Break in Service, Waiver, and Cancellation

I hereby understand that the Secretary of Health and Human Services:

A. May extend the period for undertaking service, permit breaks in service, or extend the period for repayment, if it is determine that:

1. Such an extension or break in service is necessary to complete my clinical training or to participate in a NIH Loan Repayment Program;
2. Completion would be impossible because of temporary disability; or
3. Completion would involve a substantial hardship and failure to extend such period would be against equity and good conscience;

B. May waive my obligation, in whole or in part, if it is determined that:

1. Fulfillment would be impossible because I am permanently and totally disabled; or
2. Fulfillment would involve a substantial hardship and the enforcement of such obligation would be against equity and good conscience;

C. Will, in the event of my death, cancel any obligation incurred under this payback agreement.

### IV. Termination Notice – Annual Report of Employment – Change of Address and/or Name

I agree to complete and submit a Termination Notice (PHS 416-7) immediately upon completion of Kirschstein-NRSA support. Thereafter, on an annual basis I agree to complete and submit Annual Payback Activities Certification forms sent to me by the awarding Federal Agency concerning post-award activities, and agree to keep the awarding Federal Agency advised of any change of address and/or name until such time as my total obligation is fulfilled.

### V. Program Evaluation

I understand that I may also be contacted from time to time, but no more frequently than once every 2 years, after the termination of this award to determine how the training obtained has influenced my career. Any information thus obtained would be used only for statistical purposes and would not identify me individually.

### VI. Certification

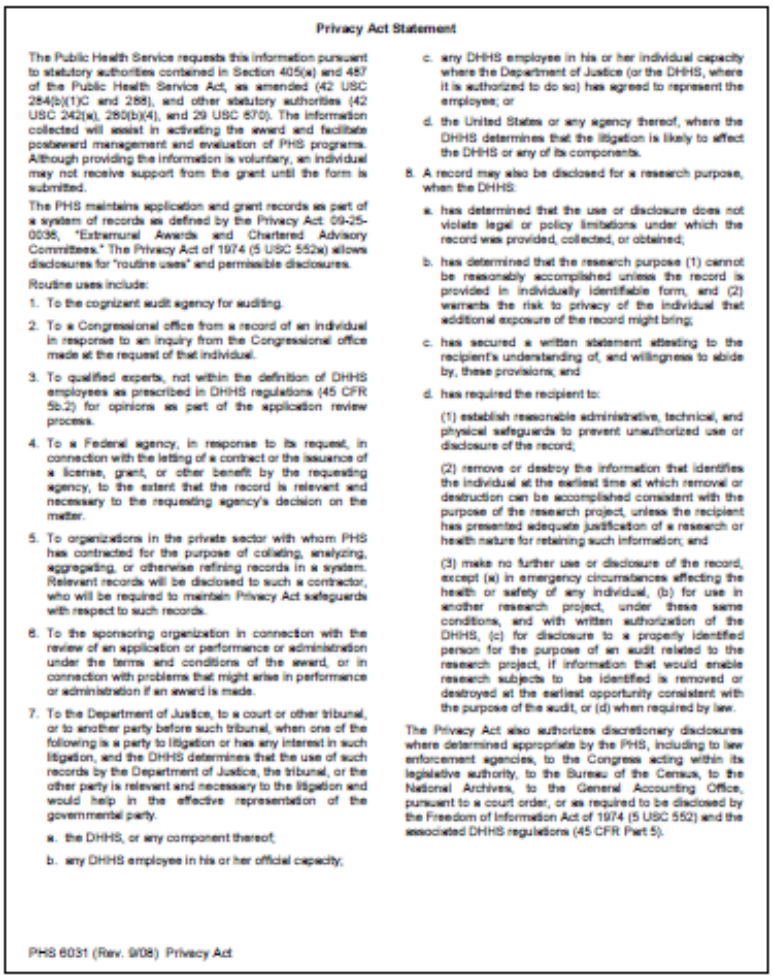
By signing the certification block below, I certify that I have read and understood the requirements and provisions of this assurance and that I will abide by them if an award is made.

NIH estimates that it will take 5 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing and reviewing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspect of this burden, send comments to: NIH, Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0002). DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS.

| | | | |
|---|---|---|---|
| Name (Last, first, middle): | | Social Security No (Required): - - | |
| Signature: | | Date: | |
| Support received under the awarding Federal agency Award/Grant Number: | | | |
| Mailing Address: | | | |
| E-mail: | | | |

PHS 6031 (Rev. 9/08) Page 2

*Figure 127: Payback Agreement (Form PHS 6031) – continued*



**Privacy Act Statement**

The Public Health Service requests this information pursuant to statutory authorities contained in Section 405(a) and 487 of the Public Health Service Act, as amended (42 USC 284(b)(1)C and 288), and other statutory authorities (42 USC 242(a), 280(b)(4), and 29 USC 670). The information collected will assist in activating the award and facilitate postaward management and evaluation of PHS programs. Although providing the information is voluntary, an individual may not receive support from the grant until the form is submitted.

The PHS maintains application and grant records as part of a system of records as defined by the Privacy Act: 09-25-0036, "Extramural Awards and Chartered Advisory Committees." The Privacy Act of 1974 (5 USC 552a) allows disclosures for "routine uses" and permissible disclosures.

Routine uses include:

1. To the cognizant audit agency for auditing.
2. To a Congressional office from a record of an individual in response to an inquiry from the Congressional office made at the request of that individual.
3. To qualified experts, not within the definition of DHHS employees as prescribed in DHHS regulations (45 CFR 5b.2) for opinions as part of the application review process.
4. To a Federal agency, in response to its request, in connection with the letting of a contract or the issuance of a license, grant, or other benefit by the requesting agency, to the extent that the record is relevant and necessary to the requesting agency's decision on the matter.
5. To organizations in the private sector with whom PHS has contracted for the purpose of collating, analyzing, aggregating, or otherwise refining records in a system. Relevant records will be disclosed to such a contractor, who will be required to maintain Privacy Act safeguards with respect to such records.
6. To the sponsoring organization in connection with the review of an application or performance or administration under the terms and conditions of the award, or in connection with problems that might arise in performance or administration if an award is made.
7. To the Department of Justice, to a court or other tribunal, or to another party before such tribunal, when one of the following is a party to litigation or has any interest in such litigation, and the DHHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party.
   a. the DHHS, or any component thereof;
   b. any DHHS employee in his or her official capacity;
   c. any DHHS employee in his or her individual capacity where the Department of Justice (or the DHHS, where it is authorized to do so) has agreed to represent the employee; or
   d. the United States or any agency thereof, where the DHHS determines that the litigation is likely to affect the DHHS or any of its components.
8. A record may also be disclosed for a research purpose, when the DHHS:
   a. has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained;
   b. has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to privacy of the individual that additional exposure of the record might bring;
   c. has secured a written statement attesting to the recipient's understanding of, and willingness to abide by, these provisions; and
   d. has required the recipient to:

      (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record;

      (2) remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information; and

      (3) make no further use or disclosure of the record, except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the DHHS, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law.

The Privacy Act also authorizes discretionary disclosures where determined appropriate by the PHS, including to law enforcement agencies, to the Congress acting within its legislative authority, to the Bureau of the Census, to the National Archives, to the General Accounting Office, pursuant to a court order, or as required to be disclosed by the Freedom of Information Act of 1974 (5 USC 552) and the associated DHHS regulations (45 CFR Part 5).

PHS 6031 (Rev. 9/08) Privacy Act

*Figure 128: Privacy Act Statement*

# Appendix D – Appointment Errors/Warnings Quick Reference

| # | Condition | Error or Warning | Message | Role |
|---|---|---|---|---|
| 1 | Trainee Appointment Period specified exceeds 12 months | Error | A trainee appointment cannot exceed 12 months without prior approval of the awarding agency. Please adjust start/end date of the appointment or contact the Help Desk for further assistance. | PI |
| 2 | The start and end dates of the new appointment are within the start and end date of existing appointment for the Trainee | Error | There is another existing appointment for Trainee on Grant (Insert Grant # and PI Name of the existing appointment). The start and end dates of the new appointment cannot be within the start and end date of existing appointment for the Trainee. | PI |
| 3 | Appointment Start Date is not within the Budget Period year of the associated grant | Error | The trainee appointment start date should occur within the budget period year of the associated grant. | PI |
| 4 | Appointment start date is not less than appointment end date | Error | Appointment start date should be less than appointment end date. | PI |
| 5 | The trainee appointment end date is not less than or equal to the project period end date | Warning | The trainee appointment end date must be less than or equal to the project period end date. | PI |
| 6 | Trainee Race, Gender, or Birth Date are not entered | Error | Trainee Race, Gender and Birth Date must be entered. Where available, “Do not wish to provide” can be used. Trainee must enter this information on Personal Profile screen in eRA Commons. | Trainee/ PI |
| 7 | Stipend amount is not entered or is entered but is zero or less. | Error | Stipend amount must be entered and be greater than zero. | PI |
| 8 | The citizenship indicator for Trainee Profile is not entered | Error | Trainee citizenship must be entered. Trainee must enter this information on Personal Profile screen in eRA Commons. | Trainee/ PI |
| 9 | Grant does not have activity code T34 and Trainee does not have at least one degree | Error | At least one trainee degree must be entered. Trainee must enter this information on Personal Profile screen in eRA Commons. | Trainee/ PI |
| 10 | Appointment is POST-DOC and Trainee does not have PhD or MD Degree or Equivalent | Warning | Trainee has not entered a PhD, MD, or equivalent degree required for this postdoctoral appointment. Trainee must enter this information on Personal Profile screen in eRA Commons. | Trainee/ PI |

| # | Condition | Error or Warning | Message | Role |
|---|---|---|---|---|
| 11 | Appointment is Pre-doc and Trainee does not have Bachelor's degree or Equivalent | Warning | Trainee has not entered a Bachelor's Degree or equivalent required for this pre-doctoral appointment. Trainee must enter this information on Personal Profile screen in eRA Commons | Trainee/ PI |
| 12 | Pre-Doc is receiving more than 5 years of NRSA support | Warning | Pre-Doc may not receive greater than five years of NRSA support without a waiver from the awarding agency. | PI |
| 13 | Post-Doc is receiving more than 3 years of NRSA support | Warning | Post-Doc may not receive greater than three years of NRSA support without a waiver from the awarding agency. | PI |
| 14 | The trainee profile indicates Federal Debt with no explanation provided | Error | Trainee has Federal Debt indicated in the Trainee-Specific section of their Personal Profile. An explanation for the Federal Debt must be provided. | Trainee |
| 15 | Training Grant is T32 (activity code) and the appointment period (difference between start and end dates) is less than 9 months | Warning | No trainees may be appointed for less than nine months unless the training grant has designated short-term training positions or prior approval has been granted by the awarding agency | PI |
| 16 | If Trainee Profile is missing a SSN | Warning | No SSN has been entered in the Trainee personal profile. Trainees are asked to voluntarily provide SSN information to aid in the processing of Trainee appointments by providing the agency with vital information necessary for accurate identification. | Trainee/ PI |
| 17 | For a new appointment not previously routed to Trainee, PI tries to submit 2271 Form to Agency | Error | Please route to Trainee for processing before submitting to 2271 Form to Agency | PI |

*Table 4: Appointment Errors/Warnings Quick Reference*

# Appendix E – User Role Functions

| Function | PD/PI | ASST * | BO | SO | Trainee |
|---|---|---|---|---|---|
| **Delegate xTrain Authority -** Designate a delegate to perform xTrain specific functions on their behalf (ability to submit to agency specifically withheld) | X | | | | |
| **Identify Trainee -** Locate an existing eRA Commons profile for a Trainee | X | X | | | |
| **View Trainee Roster -** Access to the Trainee Roster of specific grant | X Own | X Delegated PIs | X Institution | X Institution | |
| **View List of Grants -** Retrieve list of grants based on provided search criteria | X Own | X Delegated PIs | X Institution | X Institution | |
| **View Grant Summary** Read-only access to the cumulative grant data, such as short term, pre-doc, and post-doc slot allocation and accepted slots within a given overall grant, for each support year of the grant | X | X | X | X | |
| **View Routing History** Read-only access to routing history for Appointments and Termination Notices (TNs) | X | X | X | X | X |
| **View Own Appointments and Terminations** Access to list of Appointments and TNs | | | | | X |
| **Process 2271 (Appointment )** Ability to interact with the electronic 2271 form | | | | | |
| Initiate New Appointment | X | X | | | |
| Enter Data | X | X | | | X |
| Validate Data | X | X | | | |
| Route New Appointment to Trainee | X | X | | | |
| Route New Appointment to PI | | | | | X |
| Delete Appointment (not yet submitted) | X | X | | | |
| Initiate an Amended Appointment | X | X | | | |
| View form in PDF format | X | X | X | X | X |
| - Submit New Appointment to Agency | X | | | | |
| - Initiate Re-appointment | X | X | | | |

| Function | PD/PI | ASST * | BO | SO | Trainee |
|---|---|---|---|---|---|
| **Process TN (Termination Notice)** Ability to interact with the electronic TN | | | | | |
| Initiate Termination Notice | X | X | X | | |
| Enter Data | X | X | X | | X |
| Route Termination Notice to PD/PI | | | X | | X |
| Route Termination Notice to Trainee | X | X | X | | |
| Route Termination Notice to BO | X | X | | | |
| Delete TN (not yet submitted) | X | X | X | | |
| View form in PDF format | X | X | X | X | X |
| - Submit to Agency | | | X | | |
| **Recall (if not submitted to Agency)** Previous reviewer can recall form from current reviewer | X | X | X | | X |
| Validate Run validation process to identify form errors/warnings | X | X | X | | X |

*Table 5: User Role Functions*

* Assumes ASST has been delegated authority by PD/PI

# Acronyms and Abbreviations

***A***

| | |
|---|---|
| AA | Accounts Administrator |
| AO | Administrative Official |
| ASST | Assistant |

***B***

| | |
|---|---|
| BO | Business Official |

***D***

| | |
|---|---|
| DOB | Date of Birth |

***E***

| | |
|---|---|
| eRA | Electronic Research Administration |

***F***

| | |
|---|---|
| FOA | Funding Opportunity Announcement |

***H***

| | |
|---|---|
| HHS | Health and Human Services |

***N***

| | |
|---|---|
| NCAA | NIH Central Accounts Administrator |
| NIH | National Institutes of Health |
| NLM | National Library of Medicine |
| NRSA | National Research Service Award |

***O***

| | |
|---|---|
| OER | Office of Extramural Research |
| OMB | Office of Management and Budget |

***P***

| | |
|---|---|
| PD | Program Director |
| PD/PI | Program Director/Principal Investigator |
| PDF | Portable Document Format |
| PHS | Public Health Service |
| PI | Principal Investigator |

***S***

| | |
|---|---|
| SO | Signing Official |
| SSN | Social Security Number |

***T***

| | |
|---|---|
| TA | Training Activities |
| TN | Termination Notice |

***U***

| | |
|---|---|
| USCIS | US Customs and Immigration Services |