

You are here: Statement of Appointment Form PHS 2271

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Updated 4/18/2016

Appendix A – Statement of Appointment (Form PHS 2271)

Instructions for PHS 2271
Revised 06/2015

Form Approved Through 10/31/2018
OMB No. 0925-0002

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

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

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **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.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0002). 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 individual and institutional research training programs (e.g., the NIH intramural research training award program and T15 training grants). 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 may or may 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

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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. Self-explanatory.

Item 3. Sex. Self-explanatory.

Item 4. Type of Action.

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

Item 5. Prior NRSA Support. Provide information on support from any Kirschstein-NRSA grants and

awards received prior to this grant year.

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) or the NIH intramural research training award program for citizenship requirements.

Item 9. Permanent Address. Provide mailing and e-mail addresses by which the appointed individual can be reached **after** completion of support from the program. (Do not give current addresses unless they are 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".

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.

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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, as described in the Americans with Disabilities Act of 1990, as amended.

13. Are you from a disadvantaged background?

Applies to high school and undergraduate appointees only.

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. 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>.
2. Comes from an 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.

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.

BIOLOGICAL/BIOMEDICAL SCIENCES		
130 Anatomy	142 Developmental Biology/Embryology	175 Pathology, Human & Animal
110 Bacteriology	139 Ecology	180 Pharmacology, Human & Animal
100 Biochemistry	145 Endocrinology	185 Physiology, Human & Animal
102 Bioinformatics	148 Entomology	115 Plant Genetics
103 Biomedical Sciences (see also Statistics in MATHEMATICS and SOCIAL SCIENCES)	167 Environmental Toxicology	120 Plant Pathology/Phytopathology
133 Biometrics & Biostatistics	137 Evolutionary Biology	125 Plant Physiology
105 Biophysics (also in Physics)	170 Genetics/Genomics, Human & Animal	155 Structural Biology
107 Biotechnology	151 Immunology	168 Toxicology
129 Botany/Plant Biology	152 Marine Biology & Biological Oceanography	168 Virology
158 Cancer Biology	157 Microbiology	189 Zoology
136 Cell/Cellular Biology & Histology	154 Molecular Biology	198 Biology/Biomedical Sciences, General
104 Computational Biology	160 Neurosciences & Neurobiology	199 Biology/Biomedical Sciences, Other
	163 Nutrition Sciences	
	166 Parasitology	
HEALTH SCIENCES		
290 Clinical and Translational Sciences	212 Health Systems/Service Administration	
210 Environmental Health	222 Kinesiology/Exercise Physiology	245 Rehabilitation/Therapeutic Services
220 Epidemiology	240 Medicinal/Pharmaceutical Sciences	200 Speech-Language Pathology & Audiology
227 Gerontology (Also in Social Sciences)	230 Nursing Science	250 Veterinary Sciences
217 Health Policy Analysis	207 Oral Biology/Oral Pathology	298 Health Sciences, General
	215 Public Health	299 Health Sciences, Other
CHEMISTRY		
528 Organic Chemistry	539 Chemistry, Other	
PHYSICS		
585 Biophysics (also in BIOLOGICAL SCIENCES)	577 Medical Physics/Radiological Science	579 Physics, Other
COMPUTER SCIENCES		
410 Information Sciences & Systems (see also Bioinformatics in BIOLOGICAL SCIENCES)	419 Computer & Information Science, Other	
MATHEMATICS		
450 Statistics (also in SOCIAL SCIENCES; see also Biometrics and Statistics in BIOLOGICAL SCIENCES)		
ENGINEERING		
306 Bioengineering & Biomedical Engineering	399 Engineering, Other	

PSYCHOLOGY		
600 Clinical Psychology	614 Health & Medical Psychology	633 Psychometrics & Quantitative Psychology
603 Cognitive Psychology & Psycholinguistics	627 Neuropsychology/Physiological Psychology	639 Social Psychology
612 Developmental & Child Psychology	624 Personality Psychology	649 Psychology, Other
615 Experimental Psychology		
SOCIAL SCIENCES		
662 Demography/Population Studies	690 Statistics (<i>also in MATHEMATICS; see also Biometrics and Statistics in BIOLOGICAL SCIENCES</i>)	699 Social Sciences, Other
684 Gerontology (<i>also in HEALTH SCIENCES</i>)		
OTHER FIELDS		
980 Social Work	989 Other	

Item 15. Period of this Appointment. The period shown must always be 8 weeks or more and in most cases will be 12 months. Appointment periods may exceed 12 months in rare cases and only with prior approval from the PHS.

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 and the expected completion date (mm/yyyy). Indicate whether the appointee is in a dual degree program (e.g., M.D./Ph.D.). Appointees in dual-degree programs (e.g., M.D./Ph.D., D.D.D./Ph.D.) should report all degrees being sought.

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 the stipend amount. CDC trainees should provide the 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.

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.

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.

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

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

Privacy Act Statement. The NIH maintains application and grant records as part of a system of records as defined by the Privacy Act: NIH 09-25-0036, Extramural Awards and Chartered Advisory Committees (IMPAC 2), Contract Information (DCIS), and Cooperative Agreement Information, HHS/NIH: <http://oma.od.nih.gov/ms/privacy/pa-files/0036.htm>.

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

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

1. PHS GRANT NUMBER			2. APPOINTEE'S NAME (Last, first, initial)	3. SEX
Type	Activity	ID Serial No.		<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> Do Not Wish to Provide

4. TYPE OF ACTION (Check only one type)	5. PRIOR NIRSA SUPPORT (Individual or institutional)
<input type="checkbox"/> NEW appointment (NOT previously supported by this grant) <input type="checkbox"/> REAPPOINTMENT (Previously supported by this grant) AMENDMENT of items checked: <input type="checkbox"/> 15 <input type="checkbox"/> 20	<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," see instructions)

6. SOCIAL SECURITY NO. XXX-XX-	7. BIRTHDATE (Month, day, year)
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8. CITIZENSHIP (See instructions)	9. PERMANENT MAILING ADDRESS
<input type="checkbox"/> U.S. Citizen or Noncitizen National Non-U.S. Citizen <input type="checkbox"/> With a Permanent U.S. Resident Visa ("Green Card") <input type="checkbox"/> With a Temporary U.S. Visa If not a U.S. citizen, of which country are you a citizen?	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	12. Do you have a disability?
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Do Not Wish to Provide	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do Not Wish to Provide If yes, which of the following categories describe your disability(ies): <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility/Orthopedic Impairment <input type="checkbox"/> Visual <input type="checkbox"/> Other
	13. Are you from a disadvantaged background? (Applies to high school and undergraduate appointees only)
	<input type="checkbox"/> Not Applicable <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Do Not Wish to Provide

14. FIELD OF RESEARCH TRAINING OR CAREER DEVELOPMENT (for this appointment)	15. PERIOD OF APPOINTMENT (Month, day, year)
Enter a 3 digit code from instructions:	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.		

17. NAME OF SPECIALTY BOARDS (if applicable)

18. DEGREE(S) SOUGHT YES NO

If yes, indicate type of degree(s)

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

19. EXPECTED COMPLETION DATE FOR DEGREE(S) (mm/yyyy, if applicable)

20. SUPPORT FOR PERIOD OF APPOINTMENT

TYPE	Total for this Grant (Omit cents)
Stipend / Salary / Other Compensation	\$
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) NAME OF PROGRAM DIRECTOR

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

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).

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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
Pediatric Anesthesiology
Sleep Medicine

Colon and Rectal Surgery
Colon and Rectal Surgery

Dermatology
Dermatology (General)
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)
Anesthesiology Critical Care Medicine
Emergency Medical Services
Hospice and Palliative Medicine
Internal Medicine-Critical Care
Medicine
Medical Toxicology
Pediatric Emergency Medicine
Sports Medicine
Undersea and Hyperbaric Medicine

Family Medicine
Family Medicine (General)
Adolescent Medicine
Adult Congenital Heart Disease
Geriatric Medicine
Hospice and Palliative Medicine
Sleep Medicine
Sports Medicine

Internal Medicine
Internal Medicine (General)
Adolescent Medicine
Advanced Heart Failure and Transplant
Cardiology
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
Medical Biochemical Genetics
Molecular Genetic Pathology

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, Nurse Practitioner
Gerontological Nurse Practitioner
Clinical Nurse Specialist in Adult
Psychiatric and Mental Health
Nursing
Clinical Nurse Specialist in Advanced
Diabetes Nursing
Clinical Nurse Specialist in Child and
Adolescent Psychiatric and Mental
Health Nursing
Clinical Nurse Specialist in
Gerontological Nursing
Clinical Nurse Specialist in Home
Health Nursing
Clinical Nurse Specialist in Pediatric
Nursing
Clinical Nurse Specialist in
Public/Community Health 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
Female Pelvic Medicine and
Reconstructive Surgery
Gynecologic Oncology
Hospice and Palliative Medicine
Maternal and Fetal Medicine
Reproductive Endocrinology/Infertility

Ophthalmology
Ophthalmology

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

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

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

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)
Brain Injury Medicine
Hospice and Palliative Medicine
Neuromuscular Medicine
Pain Medicine
Pediatric Rehabilitation Medicine

<p>Spinal Cord Injury Medicine Sports Medicine</p> <p><u>Plastic Surgery</u> Plastic Surgery (General) Plastic Surgery Within the Head and Neck Surgery of the Hand</p> <p><u>Preventive Medicine</u> Aerospace Medicine Clinical Informatics Medical Toxicology Occupational Medicine Public Health and General Preventive Medicine Undersea and Hyperbaric Medicine</p> <p><u>Psychiatry and Neurology</u> Neurology (General) Psychiatry (General) Addiction Psychiatry Brain Injury Medicine Child and Adolescent Psychiatry</p>	<p>Clinical Neurophysiology Epilepsy 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</p> <p><u>Radiology</u> Diagnostic Radiology Hospice and Palliative Medicine Interventional Radiology and Diagnostic Radiology Medical Physics Neuroradiology Nuclear Radiology Pediatric Radiology</p>	<p>Radiation Oncology Vascular and Interventional Radiology</p> <p><u>Surgery</u> Surgery (General) Complex General Surgical Oncology Hospice and Palliative Medicine Pediatric Surgery Surgery of the Hand Surgical Critical Care Vascular Surgery</p> <p><u>Thoracic Surgery</u> Thoracic and Cardiac Surgery (General) Congenital Cardiac Surgery</p> <p><u>Urology</u> Urology (General) Female Pelvic Medicine and Reconstructive Surgery Pediatric Urology</p>
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PHS 2271 (Rev. 06/15) — Attachment

8.50 x 11.00 in

Are you having trouble with xTrain? The eRA Service Desk is there to help. Please visit their [web page](#) to submit a support ticket.

Was this information helpful? Do have any comments or suggestions about the information provided within this topic? Send your comments about the xTrainOnline Help to [eRA Communications department](#).
