

**DISCA Application**

**NON-U.S. SCIENTISTS ONLY**

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

**Part I – Applicant Information**

<b>1. Name of Applicant</b> (family name, given name, middle initial)		<b>2. Advanced Degree(s)</b>	<b>3. Social Security Number</b> (if available)
<b>4. Position Title</b>	<b>5a. Name of Institution</b>	<b>5b. Department, Service, Laboratory, or Equivalent</b>	
<b>6. Institution Mailing Address</b> (street address, city, country, postal code)			
<b>7. Office Phone</b> (country code, city code, number)	<b>8. Office Fax Number</b> (country code, city code, number)	<b>9. Office E-mail</b>	
<b>10. Permanent Home Address</b> (street address, city, country, postal code)			
<b>11. Home Phone</b> (country code, city code, number)		<b>12. Cell Phone</b> (country code, city code, number)	
<b>13. Home or Alternative E-mail</b>		<b>14. Dates of Proposed Travel</b> (mm/dd/yyyy to mm/dd/yyyy)	

**Part II – U.S. Collaborator Information**

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

**Part III – Applicant and U.S. Collaborator – Certification and Acceptance**

I have read and understand the U.S. Federal regulations on the conduct of research supported by the National Institutes of Health (NIH). I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with NIH terms and conditions if a fellowship is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

<b>1. Applicant's Signature</b>	<b>2. Date of Applicant's Signature</b>
<b>3. U.S. Collaborator's Signature</b>	<b>4. Date of U.S. Collaborator's Signature</b>

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

**Part IV – Application Checklist**

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

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

To ensure that ***all*** documents supporting the DISCA application are properly completed and included with your application, please check the appropriate items listed below and return this checklist with your application. Only **COMPLETE** applications can be reviewed by the National Institute on Drug Abuse (NIDA).

**Applicant to Complete and/or Provide the Following:**

- Form Page 1—Part I: Items 1–14
- Form Page 1—Part III: Items 1 and 2. Send ORIGINAL of Page 1 to international collaborator for his/her signature agreement.
- Form Page 2—Applicant Section
- Form Pages 3–7
- Form Page 5—Program Plan (*not to exceed 7 pages*)
- Form Page 12—Reference Report, Part I
- Two references have been requested from:
  1. \_\_\_\_\_ (Full Name of Current Supervisor)
  2. \_\_\_\_\_ (Full Name of Colleague/Previous Supervisor)
- List of peer-reviewed publications
- Appendix (*optional*): Applicants who have authored or coauthored articles in peer-reviewed scientific journals may submit a maximum of three publications.

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

- Form Page 1—Part II: Items 1–5
- Form Page 1—Part III: Items 3 and 4. Use ORIGINAL of Page 1 received from applicant.
- Form Page 2—Collaborator Section
- Form Pages 8–11
- Letter from institution representative confirming institution as a sponsor for the U.S. Department of State's "J" Exchange Visitor Program and the institution's eligibility to prepare and issue the requisite Form DS-2019 for the DISCA applicant and his/her dependents.

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

**Part V – Applicant’s Personal History**

<i>Name of Applicant (family name, given name, middle initial)</i>	<i>Name of U.S. Collaborator (family name, given name, middle initial)</i>
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**1. Education—Please list all post-secondary institutions you attended, beginning with the most recent.**

Name and Location of Institution	Major Field(s) of Study	Dates Attended (Month, Year)	Name of Diploma or Degree	Date Received (Month, Year)

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

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

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

**Part V – Applicant’s Personal History—Continued**

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

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

Please describe your current job responsibilities.

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

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

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

**Part VI – Applicant’s Program Plan**

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

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

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

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

- (a) Please describe the proposed collaborative effort, including timeframe and expected outcome.
- (b) Describe how the proposed collaborative effort will advance scientific understanding of drug abuse and addiction (as assessed by significance, approach, innovation, and qualifications).
- (c) Please describe your understanding of the U.S. Federal guidelines regarding the conduct of research, and how you and your collaborating researcher will ensure that research conducted as a result of this award complies with all NIH and institutional requirements.
- (d) Please explain why you selected this U.S. collaborating researcher and institution to accomplish your research goals.
- (e) If applicable, please describe how this proposal will enhance research skills in the United States or your home country.

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

**Part VII – Monthly Allowance Budget Sheet**

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

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

The DISCA provides a monthly allowance to cover living expenses for 1 to 3 months depending on project requirements. This allowance may not exceed \$6,500US per month. Please enter your budget estimates in the form below. The final award selection is primarily based on the scientific merit of the proposed collaboration. In addition to the scientific merit, the number of applications received, this budget estimate, and NIDA International Program's annual fiscal budget will be taken into consideration when making the final selection.

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

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

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

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

<b>Part IX – U.S. Collaborator’s Personal History</b>			
<b>Name of Applicant</b> (family name, given name, middle initial)		<b>Name of U.S. Collaborator</b> (family name, given name, middle initial)	
<b>1. Name of U.S. Institution</b>		<b>2. Position and Title</b>	
<b>3. Department, Service, Laboratory, or Equivalent</b>		<b>4. Office Phone</b> (area code, number, extension)	
<b>5. Office Mailing Address</b> (street, city, state, zip code)		<b>6. Office Fax Number</b> (area code, number)	
		<b>7. Office E-mail Address</b>	
		<b>8. Cell Phone</b> (area code, number)	
<b>9. Education</b> (Begin with baccalaureate or other initial professional education, such as nursing, and include any postdoctoral training.)			
<b>Institution and Location</b>	<b>Degree</b>	<b>Year Conferred</b>	<b>Field of Study</b>
<b>10. List your most significant publications, honors, awards, or other accomplishments, including current membership on a Federal Government public advisory committee.</b>			

**Page 9 – Completed by U.S. Collaborator**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part X – U.S. Collaborator’s Statement**

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

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

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

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

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

**Part XI – NIDA Research And Training Support**

<i>Name of Applicant (family name, given name, middle initial)</i>	<i>Name of U.S. Collaborator (family name, given name, middle initial)</i>
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**The U.S. Collaborator *must* be a NIDA grantee throughout the fellowship period.** Please list all currently active NIDA grants. Also include all applications and proposals currently pending review or award whether related to this application or not. If any information changes after submission, immediately notify the NIDA International Program. Attach an additional page to application if more space is needed.

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

<b>Principal Investigator:</b>	<b>Project Officer:</b>
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<b>U.S. Collaborator's Role on Grant Project:</b>	<b>Percentage of Effort:</b>
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<b>Award Date:</b>	<b>End Date (including no-cost extensions):</b>
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**Will applicant work under this grant project?**

**List specific aims of grant project.**

**Additional Grant**

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

<b>Principal Investigator:</b>	<b>Project Officer:</b>
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<b>U.S. Collaborator's Role on Grant Project:</b>	<b>Percentage of Effort:</b>
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<b>Award Date:</b>	<b>End Date (including no-cost extensions):</b>
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**Will applicant work under this grant project?**

**List specific aims of grant project.**

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

**Training Support**

Identify the research support that the U.S. collaborator will make available to the applicant during the exchange visit.

**Page 11 – Completed by U.S. Collaborator, Department Head, and Institution Official**  
**(Must Be Type Written in Black Ink – English Language Only)**

**Part XII – Sponsoring Institution Certifications and Assurances**

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

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

Funds paid to a Distinguished Scientist under the Distinguished International Scientist Collaboration Award are considered Federal financial assistance to the U.S. institution and must comply with the same U.S. Federal regulations, policies, guidelines, and review considerations as do all NIH research project grant applications.

Accordingly, the individual signing the DISCA application as the **Official Signing for Sponsoring Institution** is certifying that the sponsoring institution and its principals will comply with all NIH terms and conditions. **This signing official must be a separate individual from the U.S. collaborator.**

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

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

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

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

**CERTIFICATION:** We, the undersigned, certify that (a) the information herein is true and complete to the best of our knowledge; (b) if this application results in an award for a research fellowship, appropriate training, adequate facilities, and supervision will be provided; and (c) we accept the obligation to comply with the NIH terms and conditions of the fellowship award. We are aware that any false, fictitious, or fraudulent statements or claims may subject us to criminal, civil, or administrative penalties.

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

## Reference Report

**Page 12 – Completed by Applicant and Reference**  
**(Must Be Type Written in Black Ink – English Language Only)**

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

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

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

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

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

**Instructions:** The above individual selected you as a reference for his/her DISCA application. NIDA reviewers will use this reference in assessing the applicant. Applicants may have access to personal information contained in their records, including this reference report.

**Using the scale provided on the left, rate the applicant on each item listed below**  
 (as compared with other individuals of similar training and experience with whom you have been associated).

<p><b>0. Insufficient knowledge or not applicable</b></p> <p><b>1. Fair</b> – Below average (lower 40%)</p> <p><b>2. Good</b> – Average (middle 41% to 60%)</p> <p><b>3. Very Good</b> – Above average (upper 21% to 40%)</p> <p><b>4. Excellent</b> – Much above average (upper 6% to 20%)</p> <p><b>5. Outstanding</b> – Comparable to the best individual in a class or research laboratory (upper 5%)</p>	<p>_____ Research ability and potential</p> <p>_____ Written and verbal communications</p> <p>_____ Perseverance in pursuing goals</p> <p>_____ Self-reliance and independence</p> <p>_____ Clinical proficiency, if relevant</p> <p>_____ Laboratory skills and techniques, if relevant</p> <p>_____ Originality</p> <p>_____ Accuracy</p> <p>_____ Scientific background</p> <p>_____ Familiarity with research literature</p> <p>_____ Ability to organize scientific data</p>
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### Part III – Letter of Reference – Completed by Reference

Please use an additional page to describe **in English** (or a certified translation) your association with the applicant. Also comment on the applicant's training and experience, including other areas as appropriate. Identify strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career.

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

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

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