



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 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 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.

(continued on next page)

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 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 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) 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".

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?

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	166 Parasitology
110 Bacteriology	139 Ecology	175 Pathology, Human & Animal
100 Biological Chemistry	145 Endocrinology	180 Pharmacology, Human & Animal
102 Bioinformatics	148 Entomology	115 Plant Genetics
103 Biomedical Sciences (see also <i>Statistics in MATHEMATICS</i> and <i>SOCIAL SCIENCES</i>)	167 Environmental Toxicology	120 Plant Pathology/Phytopathology
133 Biometrics & Biostatistics	137 Evolutionary Biology	125 Plant Physiology
105 Biophysics (also in <i>Physics</i>)	170 Genetics/Genomics, Human & Animal	155 Structural Biology
107 Biotechnology	151 Immunology	169 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 Science	

HEALTH SCIENCES

290 Clinical and Transitional Sciences	240 Medicinal/Pharmaceutical Sciences	250 Veterinary Sciences
210 Environmental Health	230 Nursing Science	298 Health Sciences, General
220 Epidemiology	207 Oral Biology/Oral Pathology	299 Health Sciences, Other
227 Gerontology (Also in <i>Social Sciences</i>)	215 Public Health	
217 Health Policy Analysis	245 Rehabilitation/Therapeutic Services	
212 Health Systems/Service Administration	200 Speech-Language Pathology & Audiology	
222 Kinesiology/Exercise Physiology		

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526 Organic Chemistry 539 Chemistry, Other

565 Biophysics
(also in BIOLOGICAL SCIENCES)

577 Medical Physics/Radiological Science

579 Physics, Other

410 Information Sciences & Systems
(see also *Bioinformatics in BIOLOGICAL SCIENCES*)

450 Statistics (also in SOCIAL SCIENCES;
see also Biometrics and Statistics in
BIOLOGICAL SCIENCES)

306 Bioengineering & Biomedical Engineering	399 Engineering, Other
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600 Clinical Psychology	615 Experimental Psychology	624 Personality Psychology
603 Cognitive Psychology & Psycholinguistics	614 Health & Medical Psychology	633 Psychometrics & Quantitative Psychology
612 Developmental & Child Psychology	627 Neuropsychology/Physiological Psychology	639 Social Psychology
		649 Psychology, Other

662 Demography/Population Studies	690 Statistics (<i>also in MATHEMATICS;</i> <i>see also Biometrics and Statistics in</i> <i>BIOLOGICAL SCIENCES</i>)
684 Gerontology (<i>also in HEALTH SCIENCES</i>)	699 Social Sciences. Other

980 Social Work 689 Other

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

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 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.

PHS-2271 (04/24)

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>. Form Approved Through 10/31/2018

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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 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: 15 20				5. PRIOR NRSA SUPPORT (Individual or institutional) NO YES (If "Yes," see instructions)		
6. SOCIAL SECURITY NO. XXX-XX-				7. BIRTHDATE (mm/dd/yyyy)		
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		
14. FIELD OF RESEARCH TRAINING OR CAREER DEVELOPMENT (for this appointment) Enter a 3 digit code from instructions:				13. ARE YOU FROM A DISADVANTAGED BACKGROUND? (Applies to high school and undergraduate appointees only) Not Applicable YES NO Do Not Wish to Provide		
15. PERIOD OF APPOINTMENT (mm/dd/yyyy) 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: Degree		(b) Degree(s) Received: Mo./Yr.		(c) Major Field
						(d) Minor Field

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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) (mm/dd/yyyy)*

20. SUPPORT FOR PERIOD OF APPOINTMENT

TYPE	Total for this Grant <i>(Omit cents)</i>
	\$
	\$
	\$
	\$
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 <i>(mm/dd/yyyy)</i>
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 <i>(mm/dd/yyyy)</i>

(c) TYPED NAME OF PROGRAM DIRECTOR

(d) INSTITUTION'S NAME, ADDRESS *(Street, city, state, zip code)*

PHONE NUMBER

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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

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

Pathology - Anatomic/Pathology - Clinical

Pathology - Anatomic

Pathology - Clinical

Blood Banking/Transfusion Medicine Clinical Informatics

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Cytopathology	Brain Injury Medicine	Pain Medicine
Dermatopathology	Hospice and Palliative Medicine	Psychosomatic Medicine
Neuropathology	Neuromuscular Medicine	Sleep Medicine
Pathology – Chemical	Pain Medicine	Vascular Neurology
Pathology – Forensic	Pediatric Rehabilitation Medicine	Radiology
Pathology – Hematology	Spinal Cord Injury Medicine	Diagnostic Radiology
Pathology – Medical Microbiology	Sports Medicine	Hospice and Palliative Medicine
Pathology – Molecular Genetic	Plastic Surgery	Interventional Radiology and Diagnostic Radiology
Pathology – Pediatric	Plastic Surgery (<i>General</i>)	Medical Physics
Pediatrics	Plastic Surgery Within the Head and Neck	Neuroradiology
Pediatrics (<i>General</i>)	Surgery of the Hand	Nuclear Radiology
Adolescent Medicine	Preventive Medicine	Pediatric Radiology
Child Abuse Pediatrics	Aerospace Medicine	Radiation Oncology
Developmental-Behavioral Pediatrics	Clinical Informatics	Vascular and Interventional Radiology
Hospice and Palliative Medicine	Medical Toxicology	Surgery
Medical Toxicology	Occupational Medicine	Surgery (<i>General</i>)
Neonatal-Perinatal Medicine	Public Health and General Preventive Medicine	Complex General Surgical Oncology
Neurodevelopmental Disabilities	Undersea and Hyperbaric Medicine	Hospice and Palliative Medicine
Pediatric Cardiology	Psychiatry and Neurology	Pediatric Surgery
Pediatric Critical Care Medicine	Neurology (<i>General</i>)	Surgery of the Hand
Pediatric Emergency Medicine	Psychiatry (<i>General</i>)	Surgical Critical Care
Pediatric Endocrinology	Addiction Psychiatry	Vascular Surgery
Pediatric Gastroenterology	Brain Injury Medicine	Thoracic Surgery
Pediatric Hematology-Oncology	Child and Adolescent Psychiatry	Thoracic and Cardiac Surgery (<i>General</i>)
Pediatric Infectious Diseases	Clinical Neurophysiology	Congenital Cardiac Surgery
Pediatric Nephrology	Epilepsy	Urology
Pediatric Pulmonology	Forensic Psychiatry	Urology (<i>General</i>)
Pediatric Rheumatology	Geriatric Psychiatry	Female Pelvic Medicine and Reconstructive Surgery
Pediatric Transplant Hepatology	Hospice and Palliative Medicine	Pediatric Urology
Sleep Medicine	Neurodevelopmental Disabilities	
Sports Medicine	Neurology with Special Qualifications in Child Neurology	
Physical Medicine and Rehabilitation	Neuromuscular Medicine	
Physical Medicine and Rehabilitation (<i>General</i>)		