



# DERMATOLOGY FOUNDATION

## HEALTH CARE POLICY

### CLINICAL CAREER DEVELOPMENT AWARD APPLICATION

#### GENERAL INFORMATION. PLEASE READ CAREFULLY

##### PURPOSE AND CRITERIA:

The Health Care Policy Clinical Career Development Award is an established award available to clinically-oriented academic investigators. The purpose is to support establishment and development of health policy careers for dermatologists. Applications will be accepted from junior investigators who have completed formal clinical training in a dermatology residency program in the United States and are in the early stages of their academic career. **The applicant must be a faculty member in a Department or Division of Dermatology at the time of initial funding and throughout the term of the award.** The environment of the candidate and the quality of the project are critical; there must be a demonstrated formal relationship with an organization with recognized expertise in health policy research (school of public health, health policy institute, etc.). Health policy research in dermatology includes outcome studies, information system development, as well as development and evaluation of methods for delivery and practice of population-based dermatology.

**The primary criteria for selection of a successful awardee are the quality of the research proposal, the environment of the candidate, and ability of the proposal to clarify the place of dermatologic practice in a changing health care environment.**

##### PROPOSAL:

Describe, on separate sheets, your proposed training and research plans in sufficient detail for evaluation by the Medical and Scientific Committee as specified on page 2. The candidate is expected to personally prepare the application.

##### LETTER OF RECOMMENDATION:

The applicant's **department or section head** (sponsor) and **preceptor** must each submit letters of support of the applicant and the project. These letters should indicate 1) a description of the training environment and supervision that will be provided 2) the importance of the award and project to the institution and 3) institution's plans for the candidate's career development. Please attach a brief biographical sketch of the preceptor (not to exceed 2 pages-NIH format). If the sponsor and the preceptor are the same individual, both elements of required information may be included in a single letter. Applicants must also include with their application **two or three additional letters of recommendation. All supporting letters must be received by the application deadline.**

##### HUMAN SUBJECTS:

Applications related to research on human subjects must be accompanied by a letter indicating approval by the Institutional Review Board (IRB), of the type required by the U.S. Department of Health and Human Services (this applies to renewal as well as original requests). Applications without a valid institutional IRB approval will not be reviewed.

##### TERM OF AWARD:

Applications are reviewed and awarded on a competitive basis. Initial funding can be renewed (pending availability of funds) for up to two years (total of three years of support). A yearly non-competitive interim report which demonstrates significant progress, will be required for continued support. The renewal applications will be **rigorously** reviewed for progress. The stipend is \$55,000 per year, and can be supplemented from institutional sources such that the salary received by the recipient is commensurate with peers within the institution. **The recipient of the award is expected to spend at least 75% of their time in clinical research.** This must be certified in writing by the applicant's chairman. A strong institutional commitment for the individual's career development is essential for this award. Awardees are encouraged to seek simultaneous grant support from other agencies, to provide for the non-salary components of the research being performed under the auspices of this Health Care Policy Clinical Career Development Award. Clinical Career Development Awards are not awarded to individuals who are recipients of Clinical Career Development Awards from the NIH. Upon receipt as the principal investigator of an award from the NIH which offers salary support, the Dermatology Foundation award will be withdrawn.

##### MULTIPLE APPLICATIONS:

Due to limited resources, the **The Dermatology Foundation will consider only one new Health Care Policy Clinical Career Development Award application from a single academic program including affiliated institutions.** Application for this award does not preclude another application from a department for a Clinical Career Development Award or a Research Career Development Award.

##### AWARD PROCESS:

Applicants are encouraged to be present when awards are presented at the Annual Meeting of the Dermatology Foundation in March.

##### DISTRIBUTION OF FUNDS:

Award monies are disbursed on a quarterly basis beginning on the **project initiation date of July 1.** Funds are paid directly to the institutional fiscal officer designated in the application and are to be used only for the designated recipient and project for which the application was made. **These funds cannot be used for payment of indirect costs.**

##### DEADLINE:

Application and all supporting materials must be received **NOT LATER THAN OCTOBER 15** for consideration at the February meeting of the Medical and Scientific Committee. No additional materials will be accepted for consideration after the deadline. Approved applications will be funded the following July.

#### MAIL APPLICATION AND SUPPORTING MATERIALS TO:

**Dermatology Foundation**  
Medical and Scientific Committee  
1560 Sherman Avenue, Suite 870  
Evanston, IL 60201-4808  
Phone: (847) 328-2256 • Fax: (847) 328-0509

# HEALTH CARE POLICY CLINICAL CAREER DEVELOPMENT AWARD APPLICATION INSTRUCTIONS

PLEASE TYPE OR PRINT; PLEASE USE BLACK INK – COLOR WILL NOT REPRODUCE.

## A. LAYMAN'S STATEMENT

### On separate sheets:

Include your name, institution, award type and title of project in upper right corner on each statement.

1. **Short Statement:** In a brief paragraph describe your proposal in layman's terms. **Do not exceed 75 words.** (This will be used for press announcements and award presentation purposes.)
2. **Long Statement:** In layman's terms, describe in greater detail your proposal and its significance. **Do not exceed one page.**

## B. CAREER GOALS

On a separate sheet, briefly sketch your future goals in dermatology. Describe concisely your research project, and document clearly and specifically the importance of this award for your career plans.

## C. DETAILS OF PROPOSAL

Describe your proposal in sufficient detail for adequate evaluation by the Medical and Scientific Committee. Make every effort to be succinct and use figures or tables to summarize your plans. **Items 1-6 below cannot exceed ten pages, including figures and tables. Applications exceeding this page limitation will be returned. Font size can be no smaller than 12 pt., no more than 15 characters per inch, and no more than 6 lines within a vertical inch. Leave one inch margins. Figures need to be legible.** Do not submit any appended material except two additional copies of original figures if required for clarity. Include your name and institution in upper right corner of all figures.

A suggested format is listed below:

1. **Specific Aims:** What do you intend to accomplish? What hypothesis is to be tested?
2. **Significance:** Why is the research important? Evaluate existing knowledge in the field and specifically identify the possible contributions your investigation may make.
3. **Preliminary Studies:** What has already been done in this field?
4. **Organizational Structure:** Please describe in detail your organizational structure vis-à-vis dermatology and include a supporting letter from the sponsor describing the nature of the linkage to a division or department of dermatology.
5. **Experimental Design/Training:** How are you going to accomplish the research? Describe in detail the experimental design, the process to be used, and manner in which the data will be analyzed. Do not include details of established laboratory procedures. Define the circumstances under which the training is to be received.
6. **Literature Cited.**
7. **Checklist:** Please attach the checklist as page 1 of this application.

AN 8" X 10" GLOSSY BLACK AND WHITE HEADSHOT (NOT COLOR), TO BE USED FOR PROMOTIONAL PURPOSES ONLY MUST ACCOMPANY THIS APPLICATION.

**Please submit two (2) copies of the application and two (2) additional originals of all figures.**

**PROJECT TITLE** \_\_\_\_\_

**APPLICANT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(last) (first) (middle) (degree)

Current mailing address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ E-mail \_\_\_\_\_

Position: \_\_\_\_\_  
(current) (during year of proposed support)

U.S. Citizen: Yes  / No  If not, citizenship and type of visa \_\_\_\_\_

Med Ed# \_\_\_\_\_ I am  / I am not  a member of the Dermatology Foundation.

**HEALTH CARE POLICY CLINICAL CAREER DEVELOPMENT AWARD FUNDING**

Amount requested: \$ \_\_\_\_\_ . For a period beginning \_\_\_\_\_ and ending \_\_\_\_\_ .

- I am not currently supported from other sources for this or other projects.
- I am seeking funds for this or other projects. (Please list all current and pending research support and the amount on a separate sheet. Indicate the title and the source of support and describe briefly the content of the project. Indicate any overlap with the present application.)

Percent of time to be spent on research training: \_\_\_\_\_ %. (Must be at least 75% of the total effort.)

**SPONSOR OF PROPOSED RESEARCH** (department chair or division chief)

Name \_\_\_\_\_ Title \_\_\_\_\_

Med Ed# \_\_\_\_\_

Location \_\_\_\_\_  
(Institution) (Department)

**Preceptor** from whom you receive research training (include a biographical sketch-NIH format-not to exceed two pages.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Med Ed# \_\_\_\_\_ Fax \_\_\_\_\_

**Chief of Service** (if different from preceptor)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Med Ed# \_\_\_\_\_ Fax \_\_\_\_\_

**Fiscal Officer** (to whom check should be mailed)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

**Institutional Officer** (dean or designated official)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Institutional Officer named above

Date

# THE RELATIVE IMPORTANCE OF FACTORS IN SCORING DERMATOLOGY FOUNDATION AWARD APPLICATIONS\*

(This Table is utilized by the Medical & Scientific Committee and the Dermatology Foundation to identify meritorious applications. It is provided to the applicants to assist in preparation of their proposals.)

AWARD	CANDIDATE			PROJECT			ENVIRONMENT	MENTOR
	Previous Training	Track Record in Research	Potential for Res. Career in Derm.	Quality of Written Applic.	Likelihood of Success	Relevance in Dermatology		
Research Career Development Award	2	1	1	1	2	1	1	1
Physician Scientist Career Development Award	2**	2	1	1	3	1	1	1
Healthcare Policy CCDA	2**	1	1	1	2	1	2	2
Research Fellowship	4	3	1	2	2	1	1	1
Pediatric Fellowship	4**	3	1	2	2	1	1	1
Dermatologist Investigator Research Fellowship	4**	4	1	2	2	1	1	2
DERMPATH Grant Award	1***	2	2	2	1	1	3	N/A
Patient Directed Research Grant	2	2	1	2	2	1	1	N/A
Research Grant	3	2	2	2	1	1	3	N/A

\*The relative scale reflects the following considerations:

1 = extremely important      2 = highly important      3 = fairly important      4 = less important  
5 = not important      N/A = not applicable

\*\**Restricted to dermatologists who have completed their residency training in the United States.*

\*\*\**Must have completed a dermatopathology fellowship.*



# CHECKLIST FOR DERMATOLOGY FOUNDATION HEALTH CARE POLICY AWARD APPLICATION

It is essential that all applications are complete and received prior to deadline. **This checklist must accompany each application. If any items are missing or the application is incomplete, all material may be returned without further consideration.**

**Name of Applicant:** \_\_\_\_\_  
Last First Middle Initial

**Title of Research Project:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Type of Application:**     Clinical Career Development Award in Health Care Policy

- |  | Check                    |
|--|--------------------------|
| An original and one copy of the completed application are submitted  | <input type="checkbox"/> |
| A. Layman's Statement  | <input type="checkbox"/> |
| B. Career Goals  | <input type="checkbox"/> |
| C. Detailed Proposal   | <input type="checkbox"/> |
| D. Two additional originals of figures are enclosed  | <input type="checkbox"/> |
| All signatures are included  | <input type="checkbox"/> |
| Copy of IRB approval letter is enclosed (if applicable)  | <input type="checkbox"/> |
| Supporting letters are enclosed  | <input type="checkbox"/> |
| Preceptor's biographical sketch is enclosed (not to exceed two pages)  | <input type="checkbox"/> |
| The applicant's chair/chief certifies that the recipient spends at least 75% of total effort in cutaneous research.  | <input type="checkbox"/> |
| The application conforms with the specific instructions, including font size and page limitations. Applications not conforming with these instructions will not be reviewed. | <input type="checkbox"/> |
| An 8" x 10" headshot black and white photograph is enclosed  | <input type="checkbox"/> |
| The application is submitted to be received at DF Office by <b>October 15th</b>  | <input type="checkbox"/> |
| This checklist is placed as page 1 of the application  | <input type="checkbox"/> |

If any items are not checked, please explain: \_\_\_\_\_

**MAIL THE ENTIRE APPLICATION AND ALL SUPPORTING LETTERS TO:  
 Dermatology Foundation, Medical and Scientific Committee, 1560 Sherman Avenue, Suite 870,  
 Evanston, IL 60201-4808**

# APPLICANT DATA

## EDUCATION

Include all education beyond high school in sequence even if not leading to a degree. Foreign students should give the U.S. equivalent.

College or University	Location	Major Field of Study	Degree	Date

## MEDICAL INTERNSHIP OR RESIDENCY TRAINING

Hospital	Location	Position and Type of Service (Rotating, Medical, etc.)	Dates

## OTHER POSTDOCTORAL TRAINING/RESEARCH POSITIONS

Institute and Program Name/Director	Position/Title	Dates

## ACADEMIC HONORS

\_\_\_\_\_

## PUBLICATIONS (attach additional sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

**“I certify that the statements in this application are true to the best of my knowledge. I am not receiving career awards from the NIH. In the event that as the principal investigator, I receive an NIH Award which offers salary support, I understand that my Dermatology Foundation Health Care Policy Award will be terminated as of the day I begin to receive such funds. I agree to immediately notify the Foundation in writing upon notification of another award. Any unused award funds will be immediately returned to the Foundation. I hereby agree to provide a written progress and financial report to the Dermatology Foundation within 30 days of the termination of the career award.”**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**APPLICATION WILL NOT BE PROCESSED  
UNLESS ALL COMPONENTS (see Checklist)  
HAVE BEEN SUBMITTED AND RECEIVED BY DEADLINE.**