



DERMATOLOGY FOUNDATION

MEDICAL DERMATOLOGY CAREER DEVELOPMENT AWARD

GENERAL INFORMATION. PLEASE READ CAREFULLY

PURPOSE AND CRITERIA:

The Dermatology Foundation's Medical Dermatology Career Development Award (MDCDA) is a newly established award program to support future intellectual leaders, educators and clinical scholars in that aspect of our specialty that addresses severe dermatologic disease. The goal of this program is to foster the careers of young dermatologists who will become the future role models and mentors for physicians diagnosing and treating complex skin disease(s).

The applicant must have completed dermatology residency training in the U.S., hold a legitimate junior faculty appointment in a division or department of dermatology in the U.S. and be no more than five (5) years post-residency at the time of application. Candidates may also apply for this award during the last year of residency training. The applicant's mentor, mentoring plan and environment are critical ingredients of a successful application. The Dermatology Foundation feels that a solid and credible academic affiliation with a division or department of dermatology, under the mentorship of a medical dermatologist, is necessary for the success of the awardee. Evidence of academic affiliation needs to be detailed in the application. The Dermatology Foundation does not fund awards to employees of the NIH or other Federal organizations (not including VA Hospitals having formal affiliations with medical schools that have accredited sections or departments of dermatology).

This Award is designed for individuals who wish to pursue an academic career in medical dermatology, but whose interests are not a good fit within the NIH K-23/24 grant mechanism. Individuals wishing for a greater emphasis on more basic research are encouraged to apply for the K-23/24 mechanism. This MDCDA is intended for individuals who desire a patient orientation in their academic career. Such a person will select a focus of interest in which they intend to become an expert. Career plans will detail the ways in which the applicant (aided by the mentor) will acquire expertise in a focus area. The proposed career plans may be hypothesis driven research or may systematically analyze natural history, response to therapies or outcomes of a complex severe disease(s).

PROPOSAL:

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

LETTERS OF RECOMMENDATION:

The applicant's department or section head (sponsor) and preceptor (mentor) must each submit letters of support of the applicant and the project. These letters should indicate 1) a description of the training environment and the mentoring/supervision that will be provided 2) the importance of the award and project to the institution and 3) the institution's plans for the candidate's career development. Please include a brief biographical sketch of the preceptor (not to exceed 2 page-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, including a letter from the division chief/department chair outlining the institutional career commitment. This letter will be a critical component in judging this application. All supporting letters must be received by the application deadline.**

SUBJECTS:

Applications related to research on human subjects must be accompanied by a letter indicating approval by, or evidence of application to, 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). Award recipients must hold a valid institutional IRB approval at the time of funding in July.

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 progress report of no more than 5 pages, will be required for continued support.

For second and third year funding, the success of mentorship and project will be critically reviewed. The salary 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 Foundation requires that 50% of the applicant's time be spent on the project described in the application. For the remaining 50%, applicants are required to practice medical dermatology. This must be certified in writing by the applicant's chair. A strong institutional commitment for the individual's career development for the three year term of the award and beyond, are 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 MDCDA. Awards are made only to individuals not receiving simultaneous salary support from another granting agency.

MULTIPLE APPLICATIONS:

Due to limited resources, the Dermatology Foundation will consider only one NEW application in a given year for a MDCDA from a single academic program including affiliated institutions. Application for this award does not preclude another application from a department for a Physician Scientist Career Development Award, Clinical Health Care Policy Award, Clinical Career Development Award in Dermatologic Surgery or a Research Career Development Award, Fellowship or Grant.

AWARD PROCESS:

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

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 **NO LATER THAN JANUARY 5th** 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

MEDICAL DERMATOLOGY 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. 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 1-2 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. **Project:** The proposal must be focused with clear aims which upon successful completion will add to the knowledge base of non-procedural dermatology.
 - A. The applicant shall describe (in no more than five pages) a project that develops new information in the field of medical dermatology. The project outline should include the area of interest, details of the project, a three-year project timeline, discussion of how the project will add to the knowledge base of non-procedural dermatology, and description of the applicant's time committed to the project.
 - B. Keeping in mind that this section accounts for 80% of the application, the applicant shall describe (in no more than three pages) his/her strengths, career development plans, mentorship and environment. Support letters from the mentor and department chair must be submitted with the application and include certification of the research time commitment, description of department's commitment of resources and the career plans for the candidate.
 - C. Applications will be measured by a relative value scale of: 40% applicant, potential to become one who advances the science and practice of medical dermatology; 40% mentor, quality of department or plans, and environment; 20% project description and significance.
2. **Literature Cited.** (no more than two pages)
3. **Checklist:** Please attach the checklist as the cover to 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.

MEDICAL DERMATOLOGY 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 50% on project and 50% to practice medical dermatology)

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



**CHECKLIST FOR
DERMATOLOGY FOUNDATION
MEDICAL DERMATOLOGY CAREER DEVELOPMENT AWARD
DERMATOLOGY 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: Medical Dermatology Career Development Award

- | | Check |
|--|--------------------------|
| An original and one copy of the completed application are submitted | <input type="checkbox"/> |
| A. Layman's Statement | <input type="checkbox"/> |
| B. Detailed Proposal | <input type="checkbox"/> |
| All signatures are included | <input type="checkbox"/> |
| IRB approval/application letter is enclosed (if applicable) | <input type="checkbox"/> |
| At time of funding, I will have completed at least one year of dermatology training in the U.S. | <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 the time commitment described in the proposal | <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 January 5th | <input type="checkbox"/> |
| This checklist is placed as the cover page of the application, but not included in the 10 page limit | <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

OTHER POSTDOCTORAL TRAINING/RESEARCH POSITIONS

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

ACADEMIC HONORS

Institute and Program Name/Director	Position/Title	Dates

“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 Career Development Award in Medical Dermatology will be terminated as of the day I begin to receive such funds. I agree to immediately notify the Foundation in writing upon receipt 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.**