

 **DERMATOLOGY FOUNDATION**
FELLOWSHIP IN PEDIATRIC DERMATOLOGY

GENERAL INFORMATION. PLEASE READ CAREFULLY

PURPOSE AND CRITERIA:

Co-sponsored by the Dermatology Foundation and Society for Pediatric Dermatology, the Fellowship in Pediatric Dermatology is designed to foster the development of clinical scholars in pediatric dermatology that will advance the field through patient care, research and teaching. These awards are intended to advance the research careers of individuals at the early stages of their career development. The successful applicant must demonstrate a record of academic interest through publication and/or research.

Applicants must have an M.D. or M.D., Ph.D., degree and have completed their clinical training in a dermatology residency program in the United States. Applicants must be board eligible or certified in dermatology and be within five years of completion of their residency at the time of funding. However, requests for adjustments in the time limitation due to illness, childbirth or other mitigating circumstances will be recognized. Funding up to \$45,000 will be available for one year. Competitive renewal available for second year. (The possibility of a second year of training is proposed to enable fellows without any previous pediatric training to complete the requirement of two years of fellowship training for accreditation in pediatric dermatology.) This award is not intended to support faculty members. Individuals with an academic appointment at the level of Assistant Professor or above are not eligible for this award.

Research must be conducted in the United States in a department or division of dermatology, and the applicant must designate a preceptor who is a pediatric dermatologist and member of the Society for Pediatric Dermatology. Preference will be given to applicants who are applying for fellowships at institutions with a demonstrated training record in pediatric dermatology. Fellowship recipients must spend at least 50% of their total effort on the research project. This must be certified in writing by the chairman.

The Dermatology Foundation does not fund awards to be performed as part of the U.S. Government research program (with the exception of the Veterans Administration) or awards to private foundations without an academic affiliation to dermatology.

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.

LETTERS 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 sponsor's assessment of the applicants likelihood for success in a career in pediatric dermatology and 3) the importance of the Fellowship and project to the institution. Please include 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 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 FELLOWSHIP:

Applications are reviewed and awarded on a competitive basis. They are normally made for only one year. To qualify for a second year of support, the applicant must submit a second complete application. Such renewal applications should clearly set forth any changes in experimental direction or methods and include a detailed progress report covering work already accomplished. Such requests for renewal will be judged scientifically on an equal basis with requests for new support. **Awards are made only to individuals not receiving simultaneous salary support from another granting agency.**

MULTIPLE APPLICATIONS:

The Dermatology Foundation will consider only one pediatric dermatology fellowship application from a single academic program including affiliated institutions.

AWARD PROCESS:

Applicants are encouraged to be present when awards are announced at the Annual Meeting of the Dermatology Foundation in March and the Society for Pediatric Dermatology in June.

DISTRIBUTION OF FUNDS:

Fellowship 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 or for payment of residents in clinical training.**

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

FELLOWSHIP IN PEDIATRIC DERMATOLOGY 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 what type of training you feel you need in order to accomplish these goals and document clearly and specifically the importance of this fellowship 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.

FELLOWSHIP IN PEDIATRIC DERMATOLOGY 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			ENVIRON- MENT	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

FELLOWSHIP IN PEDIATRIC 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: Fellowship in Pediatric Dermatology

- | | 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"/> |
| I have completed my Dermatology Residency 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 that the fellowship awardee spends at least 50% of total effort on the research project. | <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 October 15th | <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 fellowship awards from other institutions. In the event that I receive simultaneous fellowship support from other sources, I understand that my Dermatology Foundation Pediatric Fellowship 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 fellowship award.”

Signature of Applicant

Date

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