Harold Amos Medical Faculty Development Program

Letter of Reference *

You are required to submit three (and only three) confidential references as part of the application process.

Three letters of reference (LOR) are required. When you use the "invite" link below, an email message will be sent to the reference which will include login information and instructions for submitting LOR materials electronically. Once the reference writer logs in, he/she will have access to complete instructions for providing LOR materials.

Applicants are urged to actively track the status of the submission of required reference materials.

- If a reference is no longer able to fulfill his or her obligation within the stated timeframe, you may "Un-Invite" that reference and "Invite" another.
- Use the "re-invite" link to resend the email invitation with login instructions to a reference writer.
- Please return to this section to monitor that LOR are submitted by March 7, 2013, to enable the applicant's submission of the completed package well before the application deadline.

Invite up to 3 people, 3 are required.

Name	Email Address	Date Invited	Status

Harold Amos Medical Faculty Development Program

Eligibility Criteria *

Eligibility Criteria

To be eligible to submit an application, candidates must be physicians or dentists who:

- are from historically disadvantaged backgrounds (ethnic, financial or educational);
- are U.S. Citizens or permanent residents at the time of application; and
- are completing or have completed their formal clinical training. (We will give preference to those who have recently completed their formal clinical training.) Candidates who are permanent residents and not green card holders should contact Harold Amos Medical Faculty Development Program before applying to determine whether they can satisfy the program's eligibility and documentation requirements.

We will select semifinalists from among the applicants and ask them to interview with NAC members. Detailed research plans and budgets for selected finalists must be submitted by a university, school of medicine or dentistry or research institution that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code with which the prospective scholar will be affiliated during the term of the fellowship.

1. Do you fit the eligibility criteria described above? *

   ○ Yes
   ○ No

2. For physicians: Are you Board eligible in the U.S.? For dentists: Are you a general dentist with a Master's or PhD degree or have you completed advanced dental education in a dental specialty, general dentistry, or general practice residency? *

   As a physician, you must be Board eligible to apply for this program. As a dentist, you must be a general dentist with a Master's or PhD or have completed advanced dental education.

   ○ Yes
   ○ No

A recipient cannot be related to any Officer** or Trustee of the Robert Wood Johnson Foundation, or be a descendant of the Foundation's founder.

- Are you related by blood or marriage to any Officer or Trustee of the Robert Wood Johnson Foundation?
- Are you a descendant of General Robert Wood Johnson? *

   *_**The Officers are the Chairman of the Board of Trustees; President and CEO; Chief of Staff; General Counsel; Secretary; and Assistant Secretary of the Foundation._*

3. Do either of the above apply to you? *

   ○ Yes
   ○ No

4. If you specified "Yes" in the question above, please indicate the name(s) of the person/people to whom you are related. Include their role (e.g. Chairman, Chief of Staff, founder). *

You may skip this question if you respond "No" to the questions above.

Harold Amos Medical Faculty Development Program

Key Contact Information *

* Indicates required

- Please enter the contact information needed for the AMFDP applicant, mentor, co-mentor (if applicable) and the AMFDP applicant's home contact information. Please complete all required contacts.
- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".
- Use the "Copy feature" to copy completed organizational and address information to a new contact. Choose a role from the drop-down menu and then select the "Copy" button.

AMFDP Applicant *

Enter the name and contact information of the AMFDP Applicant below. This is a required entry.

E-mail *	
Confirm E-mail *	
First Name *	
Middle Name or Initial	
Last Name *	
Applicant's Organization *	
Position *	
Department	
Business Unit	
Address *	
Address (line 2)	
City *	
State / Territory *	
Zip / Postal Code *	
Office Phone Number *	Phone Ext.
Cell Number	
Fax Number	

Mentor *

Enter the name and contact information of the Mentor below. This is a required entry.

E-mail *	
Confirm E-mail *	

First Name *

Middle Name or Initial

Last Name *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

State / Territory *

Zip / Postal Code *

Office Phone Number *   Phone Ext.

Cell Number

Fax Number

Co-Mentor

Enter the name and contact information of the Co-Mentor below (if applicable).

E-mail *

Confirm E-mail *

First Name *

Middle Name or Initial

Last Name *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

State / Territory *

Zip / Postal Code *

Office Phone Number *   Phone Ext.

Cell Number

Fax Number

Applicant's Home Contact Information *
Enter applicant's home contact information below.

Alternate E-mail

Confirm Alternate E-mail

Address *

Address (line 2)

City *

State / Territory *

Zip / Postal Code *

Harold Amos Medical Faculty Development Program

Contact Information for References *

- Enter contact information for three (and only three) people writing your letters of reference.
- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home".
- Use the "Copy feature" to copy completed organizational and address information to a new contact, choose a role from the drop-down menu and selecting the "Copy" button.

Reference #1 *
Please complete the contact information for this reference. This is a required entry.

E-mail *

Confirm E-mail *

First Name *

Middle Name or Initial

Last Name *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip / Postal Code *

Office Phone Number *   Phone Ext.

Cell Number

Fax Number

Reference #2 *
Please complete the contact information for this reference. This is a required entry.

E-mail *

Confirm E-mail *

First Name *

Middle Name or Initial

Last Name *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip / Postal Code *

Office Phone Number *   Phone Ext.

Cell Number

Fax Number

Reference #3 *

Please complete the contact information for this reference. This is a required entry.

E-mail *

Confirm E-mail *

First Name *

Middle Name or Initial

Last Name *

Organization *

Position *

Department

Business Unit

Address *	
Address (line 2)	
City *	
Country	
State / Territory *	
Zip / Postal Code *	
Office Phone Number *	Phone Ext.
Cell Number	
Fax Number	

Harold Amos Medical Faculty Development Program

Project Information Questions *

Please respond to the following questions.

1. What is your anticipated start date in the program? *

   ◯ January 1, 2014   ◯ July 1, 2014

2. Please indicate your country of citizenship. *

   [_____]

3. Please specify your historically disadvantaged ethnic background. *

   Select all that apply.

   ☐ African American
   ☐ Mexican American
   ☐ Mainland Puerto Rican
   ☐ Native American
   ☐ Other (specify below)

   [_____]

4. Please specify your historically disadvantaged educational background. *

   Select all that apply, or select "None of the above" if not applicable.

   ☐ Poorly-rated school system
   ☐ Learning disability
   ☐ None of the above
   ☐ Other (please specify below)

   [_____]

5. Please specify your historically disadvantaged financial background. *

   Select all that apply, or select "None of the above" if not applicable.

   ☐ Urban poverty
   ☐ Rural poverty
   ☐ Lack of health insurance
   ☐ None of the above
   ☐ Other (please specify below)

6. What is your current position? *

   ○ Associate Professor

   ○ Assistant Professor

   ○ Instructor

   ○ Fellow

   ○ Resident

   ○ Staff Physician/Dentist

   ○ Researcher

   ○ RWJF Clinical Scholar

   ○ Other (please specify in text box below)

7. What is the name of your current institution? *

8. Is your current institution (which you listed in the question above) the one at which the award would be activated? *

   If your response is "Yes" you will skip the next question.

   ○ Yes   ○ No

9. Specify the institution at which you intend to activate the award. *

10. What is your research area? *

    You may choose more than one response.

☐ Basic/biomedical research ☐ Clinical research ☐ Health services research/epidemiology

11. What is your medical or dental specialty (for example, pediatrics, cardiology, internal medicine, general dentistry, public health dentistry, pediatric dentistry)? *

12. What is your secondary medical or dental specialty or subspecialty or research interest (for example, pediatric oncology or outcomes research)?

If not applicable, you may skip this question.

13. What is your mentor's area of research interest? *

14. What is your co-mentor's area of research interest?

If you have only one mentor (as most applicants do), you may skip this question.

15.

Have you applied to the program or its predecessor, the Minority Medical Faculty Development Program, in the past? *

If you respond "No," you will skip the next question.

○ Yes   ○ No

16. Because you responded "Yes" to the above question, please indicate the year(s) in which you applied. You must also submit the "Reapplicant Update" document. *

Select all that apply.

☐ 1999   ☐ 2006
☐ 2000   ☐ 2007
☐ 2001   ☐ 2008
☐ 2002   ☐ 2009
☐ 2003   ☐ 2010
☐ 2004   ☐ 2011
☐ 2005   ☐ 2012

17. Are you applying as part of the ASH-AMFDP partnership? *

This is a partnership between the American Society of Hematology and the Harold Amos Medical Faculty Development Program.

○ Yes   ○ No

18. Are you applying as a dentist? *

○ Yes   ○ No

19. Have you applied to, are you in the process of applying to, or do you intend to apply to another Robert Wood Johnson Foundation program? *

If you respond "No," you will skip the next question.

○ Yes   ○ No

20. Because you responded "Yes" to the above question, please provide the names of the programs to which you have applied or intend to apply, including the month/year of application in the text box below. *

Please use the format (program name, month/year of application).

21. Have you applied for or received other career development funding? *

If you respond "No," you will skip the next two questions.

◯ Yes ◯ No

22. From what source is the career development funding?

☐ NIH K award

☐ American Heart Association

☐ Veterans' Administration

☐ Other (please specify in text box below)

23. Please give the effective dates (or deadline) and amount of the funding, the title of the project, and a two-sentence executive summary of the project.

24. Please give us the name of the high school from which you graduated and its location (city and state). *

Your response should be in the following format (ABC High School, Atlanta, GA).

25. Which medical or dental school did you attend? *

26. What was your year of graduation from medical or dental school? *

27. Where did you complete your residency or post-doctoral dental education (if applicable)?

28. Do you have an M.P.H., Ph.D., or other advanced degree in science or health care besides an M.D. or D.D.S.?

Choose all that apply from the selections below, and if applicable, specify in the text box below.

☐ M.P.H.
☐ Ph.D.
☐ M.S.
☐ Other (Specify your advanced degree in science or health care below.)

29. Occasionally, we are asked to provide contact information for applicants or awardees to other Robert Wood Johnson Foundation programs, or other organizations which share similar goals or programs that have funding opportunities available. We never release information without consent.

Do you consent to having your name, business contact information, and other information (for example, specialty or institution) released? *

○ Yes   ○ No

30. How did you find out about the AMFDP (or its precursor, the Minority Medical Faculty Development Program)? *

31. Please use this space if you wish to make any comments about your application or the application process.

Your comments are optional.

Harold Amos Medical Faculty Development Program

Executive Summary *

Below you will enter your project title and a 1500-character summary of the problem you propose to address.

Project Title *

Executive Summary *

Provide a brief description of the problem you propose to address. Your description must be limited to 1500 characters (including spaces). Samples of executive summaries are available in the How to Apply section of the Applicant Guide (see link on left side of screen).

Paste Instructions: If pasting text from Word, or e-mail, use the "Paste from Word" icon on the text editor toolbar.

Harold Amos Medical Faculty Development Program

Proposal Narrative, Citations & Reapplicant Update *

Supporting documents below must be submitted. Some will be uploaded, and others will be mailed separately. For additional information on mail-in documents, refer to the "How to Apply" link (on the left of the online system). Refer to the document name in the "Templates" column below for specific instructions.

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" your proposal from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
Proposal Narrative * Download the template and use it to guide your detailed description of the project being proposed.	Proposal Narrative	
Citations/References * Complete the references template provided to list citations/references for your scientific proposal.	Citations_References Template	
Reapplicant Update This document is required of all reapplicants. Please tell us what has changed since your last application (for example, changes in status, mentoring, funding, training and skills, project, publications).		

CVs *

Supporting documents below must be submitted. Some will be uploaded, and others will be mailed separately. For additional information on mail-in documents, refer to the "How to Apply" link (on the left of the online system). Refer to the document name in the "Templates" column below for specific instructions.

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" your proposal from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
Applicant CV * Complete the applicant CV template to provide us with information about your education and professional experience. You may format your CV in any way you want. Details about what must be included can be found on the template. There is a 15-page limit for the Applicant CV.	Applicant CV	
Mentor CV * Complete the mentor CV template provided. CVs are limited to 15 pages. We prefer a National Institutes of Health biosketch; however, you may format the CV in any way you want as long as it includes publications most relevant to this application, as well as current and past grant support. If you have more than one mentor, you must upload a CV for each mentor.	Mentor CV Template	

Harold Amos Medical Faculty Development Program

Supporting Documents *

Many of the supporting documents below will be submitted online. Some will be uploaded, and others will be mailed separately. For additional information on mail-in documents, refer to the "How to Apply" link (on the left of the online system). Refer to the document name in the "Templates" column below for specific instructions.

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" your proposal from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
Letter to Proposed Mentor This letter should be sent to your proposed mentor. The information received from the mentor should be uploaded to this application system using the "Mentor Statement" template below.	Letter to Proposed Mentor	
Mentor Statement * Use the mentor statement template provided to upload your mentor statement detailing background, institutional resources and support for your project. If you have more than one mentor, you may upload a mentor statement for each mentor, or they may collaborate on one letter.	Mentor Statement	
Institutional Letter of Support * The Harold Amos Medical Faculty Development Program requires a commitment of at least 70% of time spent in research activities, as well as a supportive research environment. Please provide an institutional letter of support. This should come from a division chief, department head, dean, or other senior administrator.		
Supplemental Documents Most applicants will not have supplemental documents. For examples of what to include as a supplemental document, please see the instructions on the template.	Supplemental Documents	

Harold Amos Medical Faculty Development Program

Transcripts *

Description	Templates	Uploaded Documents
Undergraduate Transcripts * Although you are required to have official transcripts sent to the National Program Office (NPO) directly from the institutions, please use this area to provide unofficial copies of your transcripts. Upload copies of your transcripts: • Undergraduate • Professional (MD or equivalent, DDS) • Other (PhD, MPH, MS, for example). You may upload up to ten (10) transcripts. If you have more than 10 transcripts, you may combine two or more and upload as one document. *Note: Do not upload secured or password protected PDFs. If you have a protected document from an institution and you are unable to remove the security, please print the document, scan it and save it to a new, unprotected PDF before uploading.*		

The Harold Amos Medical Faculty Development Program
    Proposal Narrative Template

Instructions for using this template.

This template is to be used to provide your proposal narrative.

You should:

    Your proposal should address the issues listed below. Please use 1-inch margins and a 12-point font. You may single-space or double-space your responses. **The limit for this template is nine pages: one each for the Research Training, Interest/Intent, and Commitment to the Goals of the AMFDP sections, and six pages for the Project section.**
    Print this template in its entirety before you begin, so you have the instructions available at all times.
    Complete the **Identifying Information** shown below this block of instructions.
    Delete this block of instructions before uploading your proposal narrative.
    Save your final Proposal Narrative as a PDF file. *Refer to the online Applicant Guide, "Upload Documents" section (see link on left navigation bar) for more information on uploading your PDF file. Refer to the Troubleshooting Tips (see link on left navigation bar) for additional information on converting your document to a PDF file.*
    Upload the PDF file to the Proposal Narrative section of the online system.

NOTES:
    You will not be able to upload a document that is longer than 9 pages.
    Do not adjust the margins or font style/size of this template.
    No hardcopy materials will be accepted as part of your online submission.

Remember to delete this block of instructions—and the guidelines shown in blue under each section heading—before uploading this template.

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here—found in the upper right corner of any screen in this online system)
Applicant Name: (applicant's name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

 (Your Proposal Narrative goes here. Do not exceed 9 pages.)

<u>Research Training</u>

Please list any previous formal training or experience in biomedical research, clinical investigation and health services research. Limit your response to one page.
xxxxxx (Your response goes here.)xxxxxx

Interest/Intent

Please state the reason for your interest in this program and what you would like to be doing in five to ten years. Limit your response to one page.
xxxxxx (Your response goes here.)xxxxxx

Commitment to the Goals of the AMFDP

Harold Amos Scholars are expected to excel in biomedical, clinical or health services research; to provide leadership in academic medicine; and to serve as role models for succeeding classes of physician-researchers. How would this award enhance your ability to realize these goals? Limit your response to one page.
xxxxxx (Your response goes here.)xxxxxx

Project

Please describe what you propose to do during the fellowship award period. Any tables, charts or graphs used to support your description may be included, but your entire response should be limited to six pages. Note that citations/references will be uploaded as a separate document (see link to "Proposal, Citations and Reapplicant Update" section on your applicant home screen) and will not count toward the six-page total. Make sure that your hypothesis is clearly stated. Keep in mind that your interaction with a mentor and the plans for research and training that you and your mentor develop are extremely important features of this program. Describe courses you plan to take, if any, skills you expect to acquire or enhance during the course of this award, and how such courses and skills will facilitate the conduct of your research.

xxxxxx (Your response goes here.)xxxxxx

The Harold Amos Medical Faculty Development Program Citations/ReferencesTemplate

Template Instructions:

Complete this template to provide us with the citations (i.e. references) for your scientific project described in the Proposal template. The citations will not count toward the six-page limit for the description of the project. You may copy and paste from an existing document into this template, but use a 12-point font.

Please delete these general instructions before uploading your Citations/References to the online system.

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here—found in the upper right corner of any screen in this online system)
Applicant Name: (applicant's name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

The Harold Amos Medical Faculty Development program
Applicant Curricula Vitae

Template Instructions:

Complete this template to provide us with information about your education and professional experience. You may format your CV in any way you want, but please include at a minimum the following information: undergraduate, medical, and other institutions, major(s), degrees, dates and honors; internships and residencies; fellowships; research and work experience; academic appointments; and publications. If there are any gaps in your education/experience, please include an explanation.

You may copy and paste from an existing document into this template. Please use 1-inch margins and a 12-point font. Delete these general instructions before uploading your completed CV to the Application and Review system.

This document has a limit of 15 pages.

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here—found in the upper right corner of any screen in this online system)
Applicant Name: (your Project Director's name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

The Harold Amos Medical Faculty Development program
Mentor Curricula Vitae

Template Instructions:

Complete this template to provide us with your mentor's CV. We prefer a National Institutes of Health biosketch; however, the CV may be formatted in any way you want. Please ensure that it includes those publications that are relevant to this application, as well as current and past grant support. You may copy and paste from an existing document into this template. If you have more than one mentor, you may use this template multiple times to upload multiple CVs. Delete these general instructions before uploading your mentor's CV to the Application and Review system.

Each CV has a limit of 15 pages.

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here—found in the upper right corner of any screen in this online system)
Applicant Name: (Applicant's name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

The Harold Amos Medical Faculty Development Program
Letter to the Proposed Mentor

Thank you for agreeing to serve as Mentor to an applicant for the Harold Amos Medical Faculty Development Program. The National Advisory Committee to the Amos Scholars Program views the Mentor as an integral part of the program. As a Mentor, you are the Scholar's advocate and advisor. Your responsibilities include guaranteeing at least 70% time for the Scholar to pursue research activities. In addition, the Foundation expects you to provide a broad array of other enriching research for the Scholar, such as participation in a journal club, interaction with other related laboratories that will benefit the Scholar, and guidance in preparing a report for submission to a journal and in writing the type of detailed grant application that is expected by the National Institutes of Health and other funding agencies.

You are expected to attend annual meetings of Scholars, Mentors, and Alumni the first two years of the award. These meetings are held in the fall and last for two days.

Please assist us by providing the following information:

1. A brief description of the research setting in which the candidate would receive training. This should include:
   a. the scope of the research project
   b. the number of trainees in the setting
   c. a listing (complete or partial) of previous trainees
   d. source(s) and levels of funding.

2. A brief comment stating your reasons for agreeing to accept the proposed Scholar (please share with us any impressions you may have from previous acquaintance with the applicant regarding career prospects).

3. An indication of how the applicant's research plan fits into the work conducted in your research group.

4. A description of the Scholar's projected activities, particularly during the first two years. Applicants who are selected by the interview process will be asked to submit a detailed research plan and budget at a later date.

Our office stands ready to provide you with any further information you may need. Inquiries about this program should be directed to the National Program Office at (317) 278-0500, or to <amfdp@indiana.edu>.

Harold Amos Medical Faculty Development Program
Mentor Statement Template

<table>
<tr><td>

Template Instructions:

Complete this template to provide us with your mentor's statement. Please delete these general instructions before uploading your file to the online system.

If you have more than one mentor, you may upload more than one document using this template.

For the mentor: the mentor's statement should include:
1.   A brief description of the research setting in which the candidate would receive training, including the scope of the research project, the number of trainees in the setting, a listing (complete or partial) of previous trainees, and sources and levels of funding.

2.   A brief comment stating your reasons for agreeing to accept the proposed Scholar (please share with us any impressions you may have from previous acquaintance with the applicant regarding career prospects).

3.   An indication of how the applicant's research plan fits into the work conducted in your research group.

4.   A description of the Scholar's projected activities, particularly during the first two years. Applicants who are selected by the interview process will be asked to submit a detailed research plan and budget at a later date.

There are no restrictions for length, spacing, font size or margins for the mentor's statement. You may copy and paste from an existing document into this template.

   Don't forget…delete this block of instructions before uploading this template.

</td></tr>
</table>

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here)
Applicant Name: (your name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)

(your mentor statement goes here)

**The Harold Amos Medical Faculty Development Program
Supplemental Documents Template**

Template Instructions:

Use of this template is optional. Most applicants will not have supplemental documents. DO NOT upload reprints.

If you have any question about the appropriateness of including a specific document, please contact the national program office at 317-278-0500.

There are no restrictions for length, spacing, font size or margins for the Supplemental Documents.

You may copy and paste from an existing document into this template.

You may upload more than one document using this template.

Please delete these general instructions before uploading your file to the online system.

Identifying Information
Project Title: (your project title goes here)
Application I.D.: (your application ID goes here—found in the upper right corner of any screen in this online system)
Applicant Name: (applicant's name goes here)
Legal Name of Applicant Organization: (Legal Name of Applicant Organization goes here)