



COSMETIC AND RECONSTRUCTIVE EXPERTISE
FOR YOUR skin health and beautySM

2018 Cutting Edge Research Grant (CERG)

SAMPLE APPLICATION

This is a sample as to what will be requested in the online application. All applications must be submitted online only or will not be accepted. Applicants are strongly encouraged to submit ASDS Board Directed Research Topics.

Grant Application Principal Investigator: _____

Current Position: _____

Position during period of proposed support: _____

IRB Number: _____

(Pending? IRB number must be approved before funding is released. IRB approval is not necessary in order to submit application)

Title of Research Grant Application: _____

Initiation Date of Research: _____

Projected Completion Date of Research: _____

The final research summary should be completed by December 31, 2019. If your research period is expected to be longer than one year to reach statistical validity, please indicate such in your application to ensure that the ASDS Research Work Group can consider it during their reviews.

ASDS Board-directed Research? Yes/No

ASDS Board-directed Research Topic:

Please view the Board-directed Research link on the ASDS website.

If ASDS Board-directed Topic, answer question: "How the overall specialty of dermatologic surgery will benefit from the research results (e.g. positioning dermatologic surgeons as innovators and/or experts, supporting patient safety or regulatory positions, etc.)?":

Funding Amount Requested: \$ _____

Other Funding Amount: \$ _____

Sources from Other Funding – List all current and pending research support: \$ _____

Detailed Budget: _____

(See the budget template on the ASDS website for all items that can or cannot be covered by the CERG funding.)

Layman Statement:

Summarize the proposed research for a non-scientific audience. This statement should briefly describe the research question and the project goals. Must not exceed 250 words

Brief History of related past studies that have been published in the area of this research project:

References:

Purpose and/or Objectives:

A clear statement of the specific purposes of the study, identifying key variables.

Hypothesis:

Should include tentative answer to the research question to assess the adequacy of the proposal's suggested methods.

Design and Methods:

Must include the number of subjects required to answer the research question. Sample size calculation should indicate whether the study is feasible.

Data Analysis:

The data analysis section should correspond to the specific objectives.

Summary/Conclusion:

The application allows to upload statistical graphs and calculations.

Detailed Budget

Please be as detailed/specific as possible for each line item. Only indicate items/amounts that are eligible in the grant funding. Include zero ("0") for items that do not apply.

Items that are not covered in the grant funding include: iPads; iPods; laptops; software; travel expenses and institutional direct costs; salary for the principal investigator; medical student/resident stipend. See below regarding a co-investigator fee; coordinator fee and statistician fee. Items not covered for them include: 401k, HSA, flexible spending contributions, AFLAC, short/long term disability. See line item near bottom of the budget form to enter total amount for items not included in the grant funding (please be specific as to these items).

Advertising Fee

Co-Investigator

(The co-investigator fee is covered via the grant funding only if they are being hired specifically for the research project and only for the duration of the project. Additionally, the employer paid portion of health care insurance, unemployment insurance, and payroll tax can be covered.)

Coordinator Fee

(The coordinator fee is covered via the grant funding only if they spend specifically and separately tracked time for the research project and only for the duration of the project. Additionally, the employer paid portion of health care insurance, unemployment insurance, and payroll tax can be covered.)

Device Rental

Instrumentation

IRB Preparation Fee

Laboratory Fees

Laboratory Disposables/ Expendable Supplies

Laser Treatments

Patient Incentives/Participation Compensation

Photocopies

Postage/Mailings

Printing

Statistician

(The statistician fee is covered via the grant funding only if they are being hired specifically for the research project and only for the duration of the project. Additionally, the employer paid portion of health care insurance, unemployment insurance, and payroll tax can be covered.)

Survey

Suture Materials

Visits

(Patient baseline visit, screening visit, and follow-up visit)

Other

(Description required)

Items that are not covered in the grant funding

(Please be as detailed / specific as possible in the description as to the items that are not covered in the grant funding include: iPads; iPods; laptops; software; travel expenses and institutional indirect costs, salary for the principal investigator, medical student /resident stipend. See above regarding a co-investigator fee; coordinator fee and statistician fee. Items not covered for them include: 401k, HSA, flexible spending contributions, AFLAC, life insurance, short/long term disability)

Total

Site Information

Site Information Name of Institution / Private Practice _____

Phone: _____ Address: _____ City: _____ State: _____

Sponsoring Department Service, Laboratory, or Equivalent if Applicable: _____

Phone: _____ Address: _____ City: _____ State: _____

Dean, Institutional Official, or Supervising Official if Applicable: _____

Phone: _____ Address: _____ City: _____ State: _____

Financial Institute/Private Practice that the check should be made out to: _____

(Cannot be the name of the Principal Investigator/applicant)

Contact/Person's Name (To the Attention of this person): _____

Address: _____ City: _____ State: _____

Signature of Program Director or if you do not have a Director, indicate your name (applicant / principal investigator): _____ (Type in name)

Signature of Department Head or Equivalent (if applicable): _____ (Type in name)

Signature of Institutional Official, Dean or Supervising Official (if applicable) _____ (Type in name)

Certification

I certify that the statements in this application are true to the best of my knowledge. In the event that I receive simultaneous funds from the other sources other than this indicated in my application (except departmental funds of my sponsoring institution), I understand that my grant will be terminated as of the day I begin the receive such funds. I agree to immediately notify ASDS in writing and will return all unused award funds. I agree that the award funds will be used only for the purpose reflected in my application. Any unused funds will be returned to ASDS. I hereby agree to provide a written progress and financial report as a six-month progress report, a final report as specified, and to present my results at the ASDS Annual Meeting.

Signature of Principal Investigator/Applicant: _____ (Type in name).

Letters of Support

Two letters of support are required. If you are from an academic institution, one letter must be from the dermatology department chair and the other from a mentor or a collaborator. If you are in private practice, your two letters must be from dermatology peers in private practice.

Upload Letter of Support 1 (upload into application)

Upload Letter of Support 2 (upload into application)

Investigators

Upload Principal Investigator/Applicant CV (abbreviated to last 7 years)

(The Principal Investigator/applicant is the dermatologist completing this application)

Co-Investigators Information:

Upload Co-Investigators Bio-sketch

(Bio-sketch format may be similar to NIH grant form but the specific format is not required. Abbreviated CV (3 pages max) is acceptable).

Disclosures for Principal Investigator and Co-Investigators:

I, _____, occupy a position of trust in the ASDS and am expected to act at all times in good faith and without bias or favor to outside interests. Whenever my outside interests or other responsibilities create conflicts with my duty to the ASDS, I will declare these potential conflicts and will act in such a manner as to avoid even the appearance of using my position to advance any personal interest or the interest of any individual or entity with which I have a relationship. In particular, I will not act in a way that is inconsistent with the purposes and interests of the ASDS. Moreover, as a Principal Investigator or Co-Investigator for ASDS research, I agree to comply with the Cutting Edge Research guidelines and policies. If at any point during the last 12 months, you or any member of your immediate family and/or significant other, had a financial relationship or interest with any entity producing, marketing, ret selling, or distributing health care goods or services consumed by or used on patients, that is related to the content of this research study, please disclose any/all "financial relationship(s)" (financial relationships in any amount occurring within the past 12 months to any entity producing, marketing, re-selling, or distributing health care goods or services consumed by or used on patients), as follows:

Serve as an employee for: ___ or ___ No employment with a commercial entity.

Serve as a consultant for: ___ or ___ I do not have current or proposed consulting arrangements.

Received speaking honoraria: ___ or ___ I receive no honoraria or reasonable payments.

Received a research grant from: ___ or ___ None.

Serve as a member of the speakers bureau for: ___ or ___ None.

Maintain an ownership interest in excluding diversified mutual funds: ___ or ___ I have no ownership interests.

Received free or discounted equipment from: ___ or ___ I do not receive any current or proposed equipment.

Received other financial benefit as follows: ___ or ___ None.

It is the responsibility of the applicant to confirm receipt of completed materials by the submission deadline July 9, 2018. For more information, please call ASDS at 847-956-0900, or visit www.asds.net.

END of SAMPLE application.

Do NOT submit this application. Only applications submitted online will be accepted. The online application process opens on March 1, 2018 and closes on July 9, 2018.

Please direct questions to Hana Herron, ASDS Education Programs Manager, at hherron@asds.net or 847-956-9139.