



COSMETIC AND RECONSTRUCTIVE EXPERTISE  
FOR YOUR skin health and beauty™

## 2017 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 or they 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: \_\_\_\_\_

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.)?"

Initiation Date of Research: \_\_\_\_\_

Projected Completion Date of Research: \_\_\_\_\_

Funding Amount Requested: \$ \_\_\_\_\_

Other Funding Amount: \$ \_\_\_\_\_

*(The final research summary must be completed by December 31, 2018)*

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:

Purpose and/or Objectives:

Hypothesis:

Design and Methods:

Data Analysis:

Summary/Conclusion:

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

References:

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 to 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).

Upload Letter of Support 1 (upload into application)

Upload Letter of Support 2 (upload into application)

*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 Principal Investigator/Applicant CV

*(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 speaker's 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 3, 2017. For more information, please call ASDS at 847-956-0900, or visit [www.asds.net](http://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 February 1, 2017 and closes on July 3, 2017.

Please direct questions to Hana Herron, ASDS Education Programs Manager, at [hherron@asds.net](mailto:hherron@asds.net) or 847-956-9139.