



APPLICATION FOR  
**AMERICAN DERMATOLOGICAL ASSOCIATION**  
**2017 RESIDENT RESEARCH AWARD**

American Dermatological Association, Inc.  
Attn: Julie Odessky , Executive Manager  
P. O. Box 551301  
Davie, FL 33355  
Phone: 305-804-1150 Fax: 954-252-2093  
**Email: ameriderm1930@gmail.com**

(Please print or type)

1. Project Title \_\_\_\_\_

—

2. Name of applicant \_\_\_\_\_

3. Current mailing address of applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

4. ACGME Dermatology Residency program (Must be an ACGME accredited residency program) \_\_\_\_\_

5. Date of birth \_\_\_/\_\_\_/\_\_\_ I am a citizen of U.S. \_\_\_\_\_ Canada \_\_\_\_\_

6. Attach a copy of your CV highlighting up to 5 publications:

**Complete all requirements and return application by June 15, 2017 to:**  
**American Dermatological Association, Inc.**  
**ameriderm1930@gmail.com**

7. Name of advisor \_\_\_\_\_  
Department/Laboratory \_\_\_\_\_  
Medical School/Hospital \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_
8. Name of department chairperson or division director: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Time period of reported investigation:  
From \_\_\_\_\_ To \_\_\_\_\_  
month, day, year month, day, year

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10. **Description of the investigation, study, or observation:** (Abstract should not exceed 500 words.)

**Research must address one of the following subjects:**

- ❖ **The integral nature of Dermatology in Medicine.**
- ❖ **Issues and matters leading to the marginalization of Dermatology.**

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11. Does this project involve human or animal subjects? \_\_\_ yes \_\_\_\_ no

If yes, provide the date and proof of IRB approval. \_\_\_\_\_

12. Are there any actual or potential commercial conflicts of interest?

\_\_\_ Yes \_\_\_\_ No

If yes, please describe below and discuss the mitigation of your conflict in your presentation.

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13. **Applicant's verification**

\_\_\_\_\_ I certify that, to the best of my knowledge, the submitted information relating to this application is true, correct, and reflects my work. I shall abide by the stated requirements and by the regulations of my parent institution regarding clinical and investigative studies.

\_\_\_\_\_ In the event that I am awarded the Resident research prize, I affirm that I have obtained permission to attend and present at the annual meeting of the American Dermatological Association in Santa Barbara, CA on October 19-23, 2016. [You will be expected to attend the entire meeting]

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print full name \_\_\_\_\_

14. **Sponsor:** I have reviewed this ADA Dermatology resident/fellow research award application and have I agreed to serve as the applicant's sponsor.

Sponsor's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print full name \_\_\_\_\_

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15. **Department Chairperson/Division Director (if different):** I have reviewed this Dermatology resident/fellow research award application and I agree that the resident, if awarded, may attend the annual meeting of the American Dermatological Association in Boston, MA on July 19-23, 2017. You will be expected to attend the entire meeting.

Department Chairperson's

Signature \_\_\_\_\_

Print full name \_\_\_\_\_ Date: \_\_\_\_\_

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