

2020 RESIDENT/FELLOW RESEARCH AWARD APPLICATION

This is the highest honor we give to dermatologists in training and it is meant to stimulate research in areas of dermatology that have not been targeted with vigor in the past.

- The awardees will receive a monetary grant of \$500
- The cost of meeting attendance, along with hotel accommodations, travel expenses and meals will be paid for by the ADA

(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 August 1, 2020 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

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

Research must address one of the following subjects and MUST be completed at the time the application is submitted. To be considered for this award, the topic of your project should be related to novel studies involving:

1) The integral nature of Dermatology in the House of Medicine. The ADA is especially interested in research that highlights the collaboration of dermatology and other medical disciplines that advances healthcare for our patients.

OR

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2) Issues and matters that could lead to the marginalization of Dermatology. This research should highlight issues that limit the ability of dermatologists to participate in the decision-making process involving a) healthcare systems including private insurers, Centers for Medicare and Medicaid Services (CMS) and other payers or b) in favor of other medical specialties.

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.

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 taking place October 28 – November 1, 2020. 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 I have 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 Dana Point, CA, from October 28 – November 1, 2020.

Department Chairperson's:

Signature _____

Print full name _____ Date: _____

Contact Information:

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

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