

# 2021-2022 ABMS Visiting Scholars Program Application

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## **ABMS Invites Applications for 2021-2022 Visiting Scholars Program**

**ABMS is now accepting applications for the 2021-2022 [ABMS Visiting Scholars Program](#)™.**

**The ABMS Visiting Scholars Program positions qualified early-career physicians and research professionals as active contributors to and future leaders in health care. The one-year, part-time program facilitates research exploring best practices and innovative approaches that address priorities for the certification community - physician learning and assessment, physician performance, continuing professional development, quality improvement, and patient safety.**

**The one-year, part-time program provides the Visiting Scholars with opportunities to:**

- **Conduct research of value to their program and organization.**
- **Strengthen methods and data analyses in consultation with ABMS physician leaders and researchers.**
- **Learn about leadership approaches and priorities by engaging with physician leaders at the national level.**
- **Develop professional relationships with ABMS and its Member Boards, other professional health care organizations, and [ABMS Visiting Program Scholars alumni](#).**
- **Have their work nationally recognized and disseminated within the certification community.**

**Early career physicians, junior faculty, fellows, and residents are eligible as well as individuals holding master or doctorate degrees in public health, health services research, educational evaluation and statistics, public health policy and administration, or other relevant disciplines. Veterans Affairs trainees and staff also are welcome to apply. Visiting Scholars will receive an award of up to \$12,500 to support the direct costs of research and travel expenses associated with program participation.**

**A free, hour-long informational webinar will be held on April 14, 2021 to learn more about the ABMS Visiting Scholars Program. Applications must be received by 5 pm CT on June 7, 2021. Learn more about the upcoming webinar and application process on the [website](#). For additional questions contact us at**

[ABMSVisitingScholars@abms.org](mailto:ABMSVisitingScholars@abms.org).

The online form will allow you to save your responses and continue later. Please periodically save your responses by clicking the "Save and continue later" link located at the top of each page after the first page to retain your work. Please note that the survey will only save up to your most recent completed page (must click next). Edits to the application can be made via the save and continue link.

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## Section I: Demographics

### I) Personal Information

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Degree(s)\*: \_\_\_\_\_

Home Address Line 1\*: \_\_\_\_\_

Home Address Line 2 (Apt., Unit): \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_

Zip code\*: \_\_\_\_\_

Preferred Email Address\*: \_\_\_\_\_

Preferred Phone Number (XXX) XXX-XXXX\*: \_\_\_\_\_

Home Institution\*: \_\_\_\_\_

Institution Address Line 1\*: \_\_\_\_\_

Institution Address Line 2 (Suite, Office)\*: \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_

Zip code\*: \_\_\_\_\_

Current Position\*: \_\_\_\_\_

**2) Please indicate your gender (optional):**

\_\_\_\_\_

**3) Please select your race/ethnicity (optional):**

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Hispanic
- White
- Unknown
- Multi-Racial
- Do not wish to answer
- Other

**4) Age (optional):**

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**5) Practice Setting (optional):**

- Academic health center/faculty practice
- Federal (Military, Veterans Administration, Department of Defense)
- Federally Qualified Health Center (FQHC)
- Hospital-owned
- Industrial/corporate-owned
- Managed care organization/integrated group practice (e.g., Kaiser Permanente)
- Non-federal government clinic (e.g., state, county, city, maternal and child health, penal system, etc.)
- Private group practice
- Private solo practice
- Public or Indian Health Service
- Other - Write In: \_\_\_\_\_

**6) I am completing or have completed an ACGME-accredited residency program in:\***

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine

- Internal Medicine
- Medical Genetics and Genomics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology – Head and Neck Surgery
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry and Neurology
- Radiology
- Surgery
- Thoracic
- Urology
- Other (write in below)

**7) Please write in your academic discipline. \***

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**Section 2: Research Project**

**8) Project Title (50 words)\***

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**9) Indicate primary clinical specialty(ies)/academic discipline related to project (select all that are applicable).\***

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Medical Genetics and Genomics
- Neurological Surgery

- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology – Head and Neck Surgery
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry and Neurology
- Radiology
- Surgery
- Thoracic
- Urology
- All of the Above
- Other (write in below)

**I0) Write in academic discipline (e.g., Health Systems Science)\***

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**11) Provide project abstract/summary, including how the results will influence current/future processes of initial and continuing certification (500 words limit).\***

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**12) List three research questions the project addresses.\***

1.: \_\_\_\_\_

2.: \_\_\_\_\_

3.: \_\_\_\_\_

**13) Describe the background evidence for this proposal, including the influence of previous research in this area (500 words limit).\***

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**I4) Describe your methodology (i.e., quality improvement, research, implementation science), including data analysis plan (750 words limit).**

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**I5) Describe expected outcomes at the end of year-long program (200 words limit).\***

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**I6) In addition to your presentation to the certification community, how do you plan to disseminate your research findings? Identify any conferences, meetings, poster sessions and journals to which you plan to submit your work for presentation or publication.**

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### Section 3: Research Mentor

**I7) Provide the following information about your research mentor.**

**Note: Mentor may or may not be associated with your home institution.\***

First Name\*: \_\_\_\_\_

Last Name\*: \_\_\_\_\_

Institution Name\*: \_\_\_\_\_

Job Title\*: \_\_\_\_\_

Degrees\*: \_\_\_\_\_

Institution Address Line 1\*: \_\_\_\_\_

Institution Address Line 2 (Suite, Office)\*: \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_

Zip\*: \_\_\_\_\_

Email Address\*: \_\_\_\_\_

Phone Number (XXX) XXX-XXXX: \_\_\_\_\_

**18) Have you sought advice or assistance on the development of your project from a representative of a Member Board(s)? \***

Yes

No

**19) Please provide each ABMS Member Board representative and the name of the ABMS Member Board.\***

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**Section 4: IRB status**

**20) Indicate the IRB status of your project.\***

Approval not required (upload written confirmation)

Approval not yet received (provide expected date)

Already IRB reviewed and approved (upload written confirmation)

Already IRB reviewed and exempted (upload written confirmation)

Other (explain below)

**21) Please explain.**

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**22) If project does not require IRB approval, please upload written confirmation here:  
Allowed file types: doc, xls, docx, xlsx, pdf  
Max file size: 500k\***

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**23) If the project does require IRB approval, by what date is an IRB decision expected?  
(MM/DD/YYYY)\***

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**24) If already IRB approved or exempt, please upload written confirmation here:  
Allowed file types: doc, xls, docx, xlsx, pdf  
Max file size: 500k\***

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**Section 5: Project Timeline and Budget**

**25) Provide an overview of your project implementation plan identifying at least three but no more than ten major milestones.**

- **Milestones should demonstrate progress toward completion of the research.**
- **Plan for dissemination of results should be included as a milestone.**
- **Completion dates can be extended past the year of Visiting Scholar participation, recognizing ongoing research, analysis of dissemination efforts.**

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|    | <b>Major Milestone (e.g., refine project plan and objectives)</b> | <b>Target Completion Date (e.g., Sept. 2022)</b> |
|----|---|--|
| 1. | _____   | _____  |
| 2. | _____   | _____  |
| 3. | _____   | _____  |
| 4. | _____   | _____  |
| 5. | _____   | _____  |
| 6. | _____   | _____  |

|     |       |       |
|-----|-------|-------|
| 7.  | _____ | _____ |
| 8.  | _____ | _____ |
| 9.  | _____ | _____ |
| 10. | _____ | _____ |

**26) Provide a high-level total project budget for \$12,500 including anticipated travel expenses and research costs.\***

Travel: Consider expenses associated with attending up to three two-day face to face meetings:

\_\_\_\_\_

Research: Consider data procurement, data entry, analytic support:

\_\_\_\_\_

Other: \_\_\_\_\_

**27) Does your overall projected budget exceed \$12,500?\***

Yes

No

**28) Indicate potential sources of additional support, such as institutional in-kind assistance, or other funding. If only relevant for one, write in n/a in the source/funder field.**

|       | Source/Funder | Amount | Status (pending/approved, not yet requested) |
|-------|---------------|--------|--|
| Row 1 |               |        |  |
| Row 2 |               |        |  |
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**Section 6: Personal Statement and Attestations**

**29) Describe your leadership experience, leadership development goals and interest in physician learning in self-regulation. How will your experience as an ABMS Visiting Scholar contribute to certification and continuing certification and help you achieve your goals? (750 words limit).\***

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**Please provide two letters of recommendation. One should be from your research mentor, who may or may not be affiliated with your institution. The other letter should be from your program chair, associate/assistant dean, research program director, or other program supervisor. Both recommendation letters should include the applicant's name, position and work relationship.**

**Letters may be uploaded below.**

**30) Upload first letter of recommendation.**

**Allowed file types: doc, xls, docx, xlsx, pdf**

**Max size per file: 500k\***

\_\_\_\_\_1

\_\_\_\_\_2

**31) Upload second letter of recommendation.**

**Allowed file types: doc, xls, docx, xlsx, pdf**

**Max size per file: 500k\***

\_\_\_\_\_1

\_\_\_\_\_2

**32) Upload your CV.**

**Allowed file types: doc, xls, docx, xlsx, pdf**

**Max file size: 500k\***

\_\_\_\_\_!

**33) I certify that the information submitted is my own work and that all of the statements are honestly and completely presented.\***

Yes

**34) If selected as an ABMS Visiting Scholar, I will give ABMS the permission, right and license to use and reproduce my image and information provided, without compensation and in whole or in part, in or for any ABMS press releases, ABMS website content, and/or ABMS print and electronic communications (including recap summaries), whether to internal or external audiences.\***

Yes

No

**35) Please let us know how you learned of the Visiting Scholars Program opportunity. \***

\_\_\_\_\_

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**Thank you for your interest in the ABMS Visiting Scholars Program. Your application has been submitted.**