Sample Application

Abstract Summary, Research Background and Personal Statement

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

List <u>three</u> research questions this project aims to address (150 words limit)

Provide the background evidence for this proposal, including any relevant published literature (500 word limit)

Describe the proposed methodology (i.e., quality improvement, research, implementation science), and data analysis plan for this project. (550 word limit)*

Describe expected outcomes at the end of year-long program (400 word limit)

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. (300 word limit)

Describe your leadership experience, leadership development goals and your professional interest in physician certification and self-regulation. How will your experience as an ABMS Visiting Scholar contribute to the larger certification community and help you achieve your professional goals? (500 word limit)*

Uploaded File(s)

Supporting Application Documentation (uploads)

IRB Approval Letter
Letter of Recommendation - Chair of Program
Letter of Recommendation - Research Mentor
CV

Applicant Demographics

1. Ethnicity/Race

2. Age

3. Practice Setting (select one primary practice setting)

4. Practice Setting (write in)

Research and Project Information

1. I am completing or have completed an ACGME-accredited residency program in:

2. If you select (other) above, write-in your academic discipline (e.g., Health Systems Science)

3. Select one or more of the ABMS Research and Education Foundation research priorities and/or the research priorities for the co-sponsoring ABMS Member Boards (research priorities are available by clicking home, located under the FAQ section). You may select all that apply.

4. Consider how the proposed research project may impact (directly or indirectly) health care inequities and/or contributes to the development of a diversified workforce.

5. Indicate primary clinical specialty(ies)/academic discipline related to your project (select all that apply).

6. If your selected (other) above, write in academic discipline related to this project (e.g., Health Systems Science).

Research Mentor and Institutional Contact

1. Please provide the following information about your <u>research mentor</u> (first name, last name, institution name, job title and degrees). E.g., Dan Smith, MD, MS, Associate Dean, University of Arizona State

2. Please provide your research mentor(s) <u>institutional address</u>, email and phone number. E.g., 4550 W. East University, Suite 400, Chicago, IL 50534, dsmith@weuniversity.edu; 212-235-2310 ext 50

3. Provide the following information about the <u>institutional (primary contact) grant officer</u> (fist name, last name, institution name, job title) at your organization. E.g., Tony Jackson, Grant Officer, Florida Hospital and Health System

4. Please provide the grant officers <u>institutional (primary contact) grant officer</u> information (mailing address, suite, office #, City, State, Zip, Email address, Phone Number). E.g., 3434 W. Canal Street, Suite 1500, Jacksonville, FL 50544, tjackson@florida.org, 245-456-0878 ext 1220

5. Have you sought advice or assistance on the development of your project from a representative of an ABMS Member Board.

6. If yes, provide the member board representative (s) the specialty they represent and the role they serve (Member Board Executive, Director, Research Chair, Item writers. Etc.)

IRB Status, Project Timeline and Budget

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1. Indicate the IRB Status status of your project

   - Approval not required (upload written confirmation in next section - supporting documentation)
   - If your IRB Approval is not yet received (provide expected approval date) or you selected other, please explain.

2. Project Timeline

3. High-Level Total Project Budget (if you would like to upload your research project budget, you may do so in the supporting documentation section. If uploading, write in "upload" below.)

4. Does your overall projected budget exceed $15,000?

5. Potential Additional Sources of Funding

Permission Statement, Scholar ID and Feedback

ABMS® VISITING SCHOLARS PROGRAM

1. I certify that the information submitted is my own work and that all of the statements are honestly and completely presented.

2. 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.

3. ABMS would like to track the scholar research. Please drop in your research scholar ID that encompasses all of your research (ORCID ID, Google Scholar, etc.)

4. Please let us know how you learned of the Visiting Scholars Program opportunity.