



## **ABMS Scholars Submission Form: 2026 - 2027**

### **Account Profile**

First Name  
Last Name  
Institution Address  
Office Phone  
City  
State  
Zip  
Office Phone  
Email Address  
Position/Title  
Organization/Institution  
Credentials

### **Project Title**

*Please enter the title of your research project (max – 25 words).*

### **Applicant Demographics**

ABMS values diversity in our members, volunteers, staff and grantees. Please complete the following questions regarding your ethnicity, age, and practice setting. One of the goals of the ABMS Scholars program is to engage a diverse representation of applicants (age, ethnicity, practice setting). These questions are optional.

#### **I. Race/Ethnicity**

- Alaska Native or American Indian or Indigenous or Native American
- Asian or Asian American
- Black or African American
- Hispanic, Latino/a/x/e, or of Spanish Origin
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other/Self Describe
- Prefer not to answer

2. Race/Ethnicity – Self Describe
3. Age (optional)

### **Practice Information**

1. Practice Setting (select one primary setting).
  - Academic health center/faculty practice
  - Hospital-based (employed by a hospital or health system)
  - 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 next field)
2. If you selected 'other' above, write in your practice setting.
3. I am currently 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 Surgery
  - Urology
  - Other (write-in)

4. If you selected 'other' above, indicate your professional or academic discipline (PhD, Public Health, Health Services Research, etc.).

### Research Project Information

Help us understand how your project supports the research priorities and interest of the ABMS Research and Education Foundation (REF), participating ABMS Member Boards and the Gordon and Betty Moore Foundation. Click 'Continue' to save your responses.

- I. Select one or more of the ABMS Research and Education Foundation (REF) research priorities and/or research priorities of the co-sponsoring ABMS Member Boards (targeted research priorities of co-sponsoring Member Boards are linked from the home page). Select all research priorities that apply.
  - **ABMS Research and Education Foundation (REF) Research Priorities: Pertaining to Initial or Continuing Certification within or across specialties**
    - Diagnostic and clinical reasoning excellence
      - AI's potential for optimization of these skills for learning and quality/performance improvement
    - Adoption of competency-based medical education and innovative assessments
      - Board Certification Assessments of **professionalism** in training or in practice
      - Competency-based medical education's impact on Longitudinal Assessment Programs
    - Health care equity and diversity across the continuum of physician professional development
    - Trainee and diplomate engagement in quality and safety activities, especially related to improving physician expertise and well-being
    - Intersection between a physician's work, technology (e.g., electronic health records or artificial intelligence) and certification
  - **The specialty – specific research priorities of co-sponsoring ABMS Member Boards**
    - American Board of Anesthesiology
    - American Board of Allergy and Immunology
    - American Board of Dermatology
    - American Board of Emergency Medicine
    - American Board of Internal Medicine (Foundation)
    - American Board of Obstetrics and Gynecology
    - American Board of Ophthalmology
    - American Board of Orthopaedic Surgery
    - American Board of Otolaryngology – Head and Neck Surgery
    - American Board of Pediatrics
    - American Board of Physical Medicine and Rehabilitation
    - American Board of Plastic Surgery
    - American Board of Radiology

- American Board of Surgery
  - American Board of Urology
2. Indicate the specialty(ies)/ or academic discipline the research project aligns with (select all that apply).
- 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 Surgery
  - Urology
  - All Specialties (above)
  - Other (write-in next field)
3. If you selected 'other' above, write in academic discipline related to this project (e.g., Health Systems Science, Public Health, Mental Health).

### **Research Project Overview: Background Questions, Evidence, Methodology and Personal Statement**

*Please provide an overview of the research project. Click Continue to save your responses.*

1. Provide **project abstract/summary**, including how the results may impact current/future processes and programs for initial and continuing certification (500 words limit).
2. List three **research questions** the project aims to address: (150 words limit).

3. Provide the **evidence – based research citations** for the proposed project, including peer-reviewed literature supporting the need for the research project (500 words limit). Additional peer – reviewed literature resources can be uploaded in the ‘uploads section’.
4. Describe the proposed **research methodology** (i.e., quality improvement, qualitative, quantitative, implementation science), and data analysis plan for this project (300 words limit).
5. Describe the **expected outcomes** (hypothesis) at the end of the year-long program (250 words limit).
6. Consider how the proposed research project may impact (directly or indirectly) health equities and/or contribute to the development of a diversified physician workforce (250 words limit).
7. 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 words limit).
8. **Personal Statement**  
Describe your leadership experience, and your research interests in board certification and professional self-regulation. How will your experience as an ABMS Scholar contribute to the larger certification community and impact your professional and leadership development goals (300 words limit).

## **Research Mentor and Institutional Contact**

*Provide the following information about your research mentor (mentor may or may not be associated with your home institution); and information about the institutional grant officer (primary contact) at your home institution.*

1. **Research Mentor**

Provide the following information about your **research mentor** (first name, last name, credentials, position, and institutional affiliation).

E.g., Dan Smith, MD, MS, Associate Dean, University of Arizona

2. **Research Mentor Contact Information**

Provide your research mentor’s institutional address, email and phone number.

E.g., 4550 W. East University, Suite 400, Tucson, AZ, 50534, [dsmith@weuniversity.edu](mailto:dsmith@weuniversity.edu); 212-235-2310 ext. 50.

3. **Primary Institutional Grant Officer**

Provide the following information about the **primary grant administrator** (individual responsible for executing research grant letters of agreement) at your home institution. (first name, last name, institution name, job title).

E.g., Tony Jackson, Grant Officer, Florida Hospital and Health System

4. **Primary Grant Administrator Contact Information**

Provide the grant administrators contact 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](mailto:tjackson@florida.org), 245-456-0878 ext. 1220

5. Have you sought advice or assistance from a representative of an ABMS Member Board?

- Yes
- No
- No, but would be interested in connecting with an ABMS Member Board representative relevant to the scope of the proposed research project.

6. If yes, provide the name of the member board representative and their role with the member board.

### **IRB Status, Project Timeline and Budget**

1. Indicate the current IRB status of your project.

***Applicants are encouraged to seek counsel from their respective IRB prior to submitting an application.***

- IRB approval received (upload letter in supporting documentation section)
- IRB submitted and pending approval
- IRB application not submitted (at time of application)
- IRB Exempt (upload letter in supporting documentation section)
- Other (explain below)

2. If you selected **IRB approval pending**, indicate the expected approval date; If you selected other, please explain.

3. **Project Timeline**

Provide an overview of your project implementation timeline. Identify a minimum of **four** and a maximum of **eight** project 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 Scholar participation, recognizing ongoing research, analysis of dissemination efforts, etc.

4. **High-Level Project Budget Overview**

*If you would like to upload your research project budget, you may do so in the supporting documentation section. **If uploading, write 'upload' below.***

Provide a project budget (ABMS Scholar grant award is \$15,000) including anticipated travel expenses and research costs.

- Travel: Consider expenses associated with attending up to three two-day face to face meetings and conferences.
  - Research: Consider data procurement, data entry, analytic support
  - Other
5. Does your overall projected budget exceed \$15,000?
- Yes
  - No
6. **Potential Additional Sources of Funding**  
If your proposed project budget exceeds \$15,000, indicate potential sources of additional support, such as institutional in-kind assistance, or other funding sources. If your budget does not exceed \$15,000, write in n/a.

### Supporting Application Documentation (uploads)

1. **IRB Approval** - Upload letter, exempted letter or approval letter required. If n/a, skip.
2. **Letters of Recommendations (Required)** - Upload **two letters of recommendations**. 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 academic/work relationship.
3. **Budget Plan** – If you would like to upload your budget plan, please attach to this section. If this was addressed in the previous section, you may skip this question.
4. **CV (Required)** - Upload a current CV (Required).
5. **Literature Review** – you may upload **additional** published literature related to the scope of the research project. If not relevant, you may skip this question.

### Attestation, Permission Statement, Scholar ID and Feedback

1. I attest that the information submitted is my own work and that all of the statements are honestly and completely presented.
  - Yes
2. If selected as an ABMS 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 internal or external audiences.
  - Yes
  - No

3. Insert your research scholar ID that encompasses all of your published literature research (ORCID ID, Google Scholar, etc.).
4. How did you learn about the ABMS Scholars Program?