

Harold Amos Medical Faculty Development Program (AMFDP)

Eligibility Criteria for Applicants *

* Indicates required

Eligibility Criteria

To be eligible to submit an application, candidates must be physicians who:

- are from historically disadvantaged backgrounds (ethnic, financial or educational);
- are citizens or permanent residents of the United States or its territories at the time of application; and
- are now completing or have completed their formal clinical training. (Preference will be given to physicians who have recently completed their formal clinical training.)

Finalists will be selected from among those submitting applications. Finalists will be requested to submit Finalist Documentation, which must be submitted by a university, school of medicine or research institution that is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code with which the prospective scholar will be affiliated during the term of the fellowship.

1. Do you fit the eligibility criteria described above? *

- Yes
 No

A recipient cannot be related to any Officer* or Trustee of the Robert Wood Johnson Foundation, or be a descendent of the Foundation's founder.

- Are you related by blood or marriage to any Officer or Trustee of the Robert Wood Johnson Foundation?
- Are you a descendant of General Robert Wood Johnson? *

**The Officers are the Chairman of the Board of Trustees; President and CEO; Chief of Staff; General Counsel; Secretary; and Assistant Secretary of the Foundation.*

2. Do either of the above apply to you? *

- Yes
 No

3. If you specified "Yes" in the question above, please indicate the name(s) of the person/people to whom you are related. Include their position (e.g. Chairman, Chief of Staff, founder). *

You may skip this question if you respond "No" to the questions above.

Harold Amos Medical Faculty Development Program (AMFDP)

Key Contact Information *

* Indicates required

Please enter the contact information needed for the AMFDP applicant, mentor, co-mentor (if applicable) and the AMFDP applicant's home contact information. Please complete all required contacts.

AMFDP Applicant *

Enter the name and contact information of the AMFDP Applicant below. This is a required entry.

E-mail *	<input type="text"/>		
Confirm E-mail *	<input type="text"/>		
First Name *	<input type="text"/>		
Middle Name or Initial	<input type="text"/>		
Last Name *	<input type="text"/>		
Applicant's Organization *	<input type="text"/>		
Position *	<input type="text"/>		
Department	<input type="text"/>		
Business Unit	<input type="text"/>		
Address *	<input type="text"/>		
Address (line 2)	<input type="text"/>		
City *	<input type="text"/>		
State / Territory *	<input type="text"/>		
Zip / Postal Code *	<input type="text"/>		
Office Phone Number *	<input type="text"/>	Phone Ext.	<input type="text"/>
Cell Number	<input type="text"/>		
Fax Number	<input type="text"/>		

Mentor *

Enter the name and contact information of the Mentor below. This is a required entry.

E-mail *	<input type="text"/>
Confirm E-mail *	<input type="text"/>
First Name *	<input type="text"/>

Middle Name or Initial	<input type="text"/>		
Last Name *	<input type="text"/>		
Organization *	<input type="text"/>		
Position *	<input type="text"/>		
Department	<input type="text"/>		
Business Unit	<input type="text"/>		
Address *	<input type="text"/>		
Address (line 2)	<input type="text"/>		
City *	<input type="text"/>		
State / Territory *	<input type="text"/>		
Zip / Postal Code *	<input type="text"/>		
Office Phone Number *	<input type="text"/>	Phone Ext.	<input type="text"/>
Cell Number	<input type="text"/>		
Fax Number	<input type="text"/>		

Co-Mentor

Enter the name and contact information of the Co-Mentor below (if applicable).

E-mail *	<input type="text"/>
Confirm E-mail *	<input type="text"/>
First Name *	<input type="text"/>
Middle Name or Initial	<input type="text"/>
Last Name *	<input type="text"/>
Organization *	<input type="text"/>
Position *	<input type="text"/>
Department	<input type="text"/>
Business Unit	<input type="text"/>
Address *	<input type="text"/>
Address (line 2)	<input type="text"/>
City *	<input type="text"/>

State / Territory *

Zip / Postal Code *

Office Phone Number *

Phone Ext.

Cell Number

Fax Number

Applicant's Home Contact Information *

Enter applicant's home contact information below.

Alternate E-mail

Confirm Alternate E-mail

Address *

Address (line 2)

City *

State / Territory *

Zip / Postal Code *

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Contact Information for References *

* Indicates required

Please enter the contact information for at least three people writing letters of reference for your AMFDP Application. If applicable, you may enter an optional fourth reference.

Reference #1 *

Please complete the contact information for this reference. This is a required entry.

E-mail *	<input type="text"/>		
Confirm E-mail *	<input type="text"/>		
First Name *	<input type="text"/>		
Middle Name or Initial	<input type="text"/>		
Last Name *	<input type="text"/>		
Organization *	<input type="text"/>		
Position *	<input type="text"/>		
Department	<input type="text"/>		
Business Unit	<input type="text"/>		
Address *	<input type="text"/>		
Address (line 2)	<input type="text"/>		
City *	<input type="text"/>		
Country	<input type="text"/>		
State / Territory *	<input type="text"/>		
Zip / Postal Code *	<input type="text"/>		
Office Phone Number *	<input type="text"/>	Phone Ext.	<input type="text"/>
Cell Number	<input type="text"/>		
Fax Number	<input type="text"/>		

Reference #2 *

Please complete the contact information for this reference. This is a required entry.

E-mail *	<input type="text"/>
Confirm E-mail *	<input type="text"/>

First Name *

Middle Name or Initial

Last Name *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

Country

State / Territory *

Zip / Postal Code *

Office Phone Number * Phone Ext.

Cell Number

Fax Number

Reference #3 *

Please complete the contact information for this reference. This is a required entry.

E-mail *

Confirm E-mail *

First Name *

Middle Name or Initial

Last Name *

Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City*

Country

State / Territory*

Zip / Postal Code*

Office Phone Number*

Phone Ext.

Cell Number

Fax Number

Reference #4

Please complete the contact information for this reference (if applicable).

E-mail*

Confirm E-mail*

First Name*

Middle Name or Initial

Last Name*

Organization*

Position*

Department

Business Unit

Address*

Address (line 2)

City*

Country

State / Territory*

Zip / Postal Code*

Office Phone Number*

Phone Ext.

Cell Number

Fax Number

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Harold Amos Medical Faculty Development Program (AMFDP)

Project Information Questions *

* Indicates required

Please respond to the following questions.

1. What is your anticipated start date in the program? *

- January 1, 2011 July 1, 2011

2. Please indicate your country of citizenship. *

3. Please specify your historically disadvantaged ethnic background. *

Select all that apply.

- Ethnic: African American
 Ethnic: Mexican American
 Ethnic: Mainland Puerto Rican
 Ethnic: Native American
 Ethnic: Other (specify below)

4. Please specify your historically disadvantaged educational background. *

Select all that apply, or select "None of the above" if not applicable.

- Educational: Poorly-rated school system
 Educational: Learning disability
 None of the above
 Educational: Other (please specify below)

5. Please specify your historically disadvantaged financial background. *

Select all that apply, or select "None of the above" if not applicable.

- Financial: Urban poverty
 Financial: Rural poverty
 Financial: Lack of health insurance
 None of the above
 Financial: Other (please specify below)

6. What is your current position? *

- Assistant Professor

- Instructor
- Fellow
- Resident
- Staff Physician
- Researcher
- RWJF Clinical Scholar
- Other (please specify in text box below)

7. What is the name of your current institution? *

8. Is your current institution (which you listed in the question above) the one at which the award would be activated? *

If your response is "Yes" you will skip the next question.

- Yes No

9. Specify the institution at which you intend to activate the award. *

10. What is your research area? *

You may choose more than one response.

- Basic/biomedical research Clinical research Health services research/epidemiology

11. What is your medical specialty (for example, pediatrics, cardiology, internal medicine)? *

12. What is your secondary medical specialty or subspecialty (for example, pediatric oncology or outcomes research)?

If not applicable, you may skip this question.

13. What is your mentor's area of research interest? *

14. What is your co-mentor's area of research interest?

If you have only one mentor (as most applicants do), you may skip this question.

15. Have you applied to the program or its predecessor, the Minority Medical Faculty Development Program, in the past? *

If you respond "No," you will skip the next question.

Yes No

16. Because you responded "Yes" to the above question, please indicate the years in which you applied. *

Select all that apply.

- | | |
|-------------------------------|-------------------------------|
| <input type="checkbox"/> 1999 | <input type="checkbox"/> 2004 |
| <input type="checkbox"/> 2000 | <input type="checkbox"/> 2005 |
| <input type="checkbox"/> 2001 | <input type="checkbox"/> 2006 |
| <input type="checkbox"/> 2002 | <input type="checkbox"/> 2007 |
| <input type="checkbox"/> 2003 | <input type="checkbox"/> 2008 |

17. Are you applying as part of the ASH-AMFDP partnership? *

This is a partnership between the American Society of Hematology and the Harold Amos Medical Faculty Development Program.

Yes No

18. Have you applied to, are you in the process of applying to, or do you intend to apply to another Robert Wood Johnson Foundation program? *

If you respond "No," you will skip the next question.

Yes No

19. Because you responded "Yes" to the above question, please provide the names of the programs to which you have applied or intend to apply, including the month/year of application in the text box below. *

Please use the format (program name, month/year of application).

20. Please give us the name of the high school from which you graduated and its location (city and state). *

Your response should be in the following format (ABC High School, Atlanta, GA).

21. Which medical school did you attend? *

22. What was your year of graduation from medical school? *

23. Where did you complete your residency? *

24. Do you have an M.P.H., Ph.D., or other advanced degree in science or health care? *

Choose from the selections below, and if applicable, specify in the text box below.

M.P.H.

Ph.D.

Other - Specify your advanced degree in science or health care below.

25. Occasionally, we are asked to provide contact information for applicants or awardees to other Robert Wood Johnson Foundation programs, or other organizations which share similar goals or programs that have funding opportunities available. We never release information without consent.

Do you consent to having your name, business contact information, and other information (for example, specialty or institution) released? *

Yes No

26. How did you find out about the AMFDP (or its precursor, the Minority Medical Faculty Development Program)? *

27. Please use this space if you wish to make any comments about your application or the application process.

Your comments are optional.

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Executive Summary

Below you will enter your project title and a 1500-character summary of the problem you propose to address.

Project Title*

Executive Summary *

Provide a brief description of the problem you propose to address. Your description must be limited to 1500 characters (including spaces). [Samples of executive summaries](#) are available in the Applicant Guide (see link on left side of screen).

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Proposal & Supporting Documents

Proposal and supporting documents below must be submitted. Some will be uploaded, and others will be mailed separately. For additional information on mail-in documents, refer to the "[How to Apply: A Step-by-Step Guide](#)" located in the Applicant Guide (link on left side of screen). Refer to the document name in the "Templates" column below for specific instructions.

When you have completed this page, select the "Save, section finished" button at the bottom of the page. Once all sections of your application are complete, you may "Submit" your proposal from the Home Page. All uploaded documents may be updated and replaced until you submit your application.

Description	Templates	Uploaded Documents
<p>Proposal * Download the template and use it to guide your detailed description of the project being proposed.</p>	Proposal	
<p>Applicant CV * Complete the applicant CV template to provide us with information about your education and professional experience. You may format your CV in any way you want. Details about what must be included can be found on the template.</p>	Applicant CV	
<p>Mentor CV * Complete the mentor CV template provided. We prefer a National Institutes of Health biosketch; however, you may format the CV in any way you want. If you have more than one mentor, you must upload a CV for each mentor.</p>	Mentor CV Template	
<p>Mentor Statement * Use the mentor statement template provided to upload your mentor statement detailing background, institutional resources and support for your project. If you have more than one mentor, you may upload a mentor statement for each mentor.</p>	Mentor Statement	
<p>References * Complete the references template provided to list references/citations for your scientific proposal.</p>	References Template	
<p>Supplemental Documents Most applicants will not have supplemental documents. For examples of what to include as a supplemental document, please see the instructions on the template.</p>	Supplemental Documents	
<p>Letter to Proposed Mentor * This letter should be sent to your proposed mentor. The information received from the mentor should be uploaded to this application system. For more information regarding this letter, please see the link for the Letter at the right, or the How to Apply: A Step-by-Step Guide for important instructions.</p>	Letter to Proposed Mentor	
<p>Mail in only: 3 Confidential Reference Reports To ensure strict confidentiality, the completed forms should be mailed directly to the National Program Office postmarked no later than March 18, 2010. They should not be returned to the applicant. One of the referees must be someone familiar with your research interests and/or experience. Your proposed Mentor(s) should not be used as a reference. See the How to Apply: A Step-by-Step Guide for mailing instructions.</p>	Confidential Reference Report	
<p>Mail in only: Transcripts Please request that your undergraduate college(s), medical school(s), and any institution at which you undertook health-related coursework (toward an MPH or PhD, for example) forward your transcripts directly to the AMFDP National Program Office postmarked no later than March 18, 2010. See the How to Apply: A Step-by-Step Guide for mailing instructions.</p>		

The Harold Amos Medical Faculty Development Program
Proposal Template

Template Instructions:

Your proposal should address the issues listed below. Please use 1-inch margins and a 12-point font. You may single-space or double-space your responses. The limit for this template is nine pages: one each for the Research Training, Interest/Intent, and Commitment to the Goals of the AMFDP sections, and six pages for the Project section. Please delete these general instructions – and the guidelines under each issue heading – before uploading your completed template to the Application and Review system.

The Harold Amos Medical Faculty Development Program

Applicant: xxxxxx(Your name goes here.)xxxxxx

Research Training

Please list any previous formal training or experience in biomedical research, clinical investigation and health services research. Limit your response to one page.

xxxxxx (Your response goes here.)xxxxxx

Interest/Intent

Please state the reason for your interest in this program and what you would like to be doing in five to ten years. Limit your response to one page.

xxxxxx (Your response goes here.)xxxxxx

Commitment to the Goals of the AMFDP

Harold Amos Scholars are expected to excel in biomedical, clinical or health services research; to provide leadership in academic medicine; and to serve as role models for succeeding classes of physician-researchers. How would this award enhance your ability to realize these goals? Limit your response to one page.

xxxxxx (Your response goes here.)xxxxxx

Project

Please describe what you propose to do during the fellowship award period. Any tables, charts or graphs used to support your description may be included, but your entire response should be limited to six pages. Note that references/citations will be uploaded as a separate document (see link to “Proposal and Supporting Documents” section on your applicant home screen) and will not count toward the six-page total. Make sure that your hypothesis is clearly stated. Keep in mind that your interaction with a mentor and the plans for research and training that you and your mentor develop are extremely important features of this program. Describe courses you plan to take, if any, skills you expect to acquire or enhance during the course of this award, and how such courses and skills will facilitate the conduct of your research.

xxxxxx (Your response goes here.)xxxxxx

The Harold Amos Medical Faculty Development Program
Applicant CV Template

Template Instructions:

Complete this template to provide us with information about your education and professional experience. You may format your CV in any way you want, but please include at a minimum the following information: undergraduate, medical, and other institutions, major(s), degrees, dates and honors; internships and residencies; fellowships; research and work experience; academic appointments; and publications. If there are any gaps in your education/experience, please include an explanation.

You may copy and paste from an existing document into this template. Please use 1-inch margins and a 12-point font. Delete these general instructions before uploading your completed CV to the Application and Review system.

Applicant: xxxxxx(Your name goes here.)xxxxxx

xxxxxx (Your CV goes here.)xxxxxx

The Harold Amos Medical Faculty Development Program
Mentor CV Template

Template Instructions:

Complete this template to provide us with your mentor's CV. We prefer a National Institutes of Health biosketch; however, the CV may be formatted in any way you want. You may copy and paste from an existing document into this template. If you have more than one mentor, you may use this template multiple times to upload multiple CVs. Delete these general instructions before uploading your mentor's CV to the Application and Review system.

Applicant: xxxxxx(Your name goes here.)xxxxxx

xxxxxx (Your mentor's CV goes here.)xxxxxx

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The Harold Amos Medical Faculty Development Program
Mentor's Statement Template

Template Instructions:

Complete this template to provide us with your mentor's statement. Please delete these general instructions before uploading your file to the Application and Review system.

If you have more than one mentor, you may upload more than one document using this template.

For the mentor: the mentor's statement should include:

1. A brief description of the research setting in which the candidate would receive training, including the scope of the research project, the number of trainees in the setting, a listing (complete or partial) of previous trainees, and sources and levels of funding.
2. A brief comment stating your reasons for agreeing to accept the proposed Scholar (please share with us any impressions you may have from previous acquaintance with the applicant regarding career prospects).
3. An indication of how the applicant's research plan fits into the work conducted in your research group.
4. A description of the Scholar's projected activities, particularly during the first two years. Applicants who are selected by the interview process will be asked to submit a detailed research plan and budget at a later date.

There are no restrictions for length, spacing, font size or margins for the mentor's statement. You may copy and paste from an existing document into this template.

Applicant: xxxxxx(Applicant's name goes here.)xxxxxx

xxxxxx (Mentor's statement goes here.)xxxxxx

The Harold Amos Medical Faculty Development Program
References Template

Template Instructions:

Complete this template to provide us with the references (i.e. citations) for your scientific project in the Proposal template. The references will not count toward the six-page limit for the description of the project. You may copy and paste from an existing document into this template, but use a 12-point font. Please delete these general instructions in blue before uploading your References to the Application and Review system.

Applicant: xxxxxx(Your name goes here.)xxxxxx

xxxxxx (Your References go here.)xxxxxx

The Harold Amos Medical Faculty Development Program
Supplemental Documents Template (Optional)

Template Instructions:

Please delete these general instructions (in blue type) before uploading your file to the Application and Review system

Use of this template is optional. Most applicants will not have supplemental documents. Examples of these documents could be the CV of someone who is providing critical expertise or support to the project but who is not a Mentor or Co-Mentor, or a letter of support from a chair or dean. DO NOT upload reprints. If you have any question about the appropriateness of including a specific document, please contact the national program office at 317-278-0500. There are no restrictions for length, spacing, font size or margins for the Supplemental Documents. You may copy and paste from an existing document into this template. You may upload more than one document using this template.

Applicant: xxxxxx(Your name goes here.)xxxxxx

xxxxxx (Your Supplemental Documents go here.)xxxxxx

The Harold Amos Medical Faculty Development Program
Letter to the Proposed Mentor

Thank you for agreeing to serve as Mentor to an applicant for the Harold Amos Medical Faculty Development Program. The National Advisory Committee to the Amos Scholars Program views the Mentor as an integral part of the program. As a Mentor, you are the Scholar's advocate and advisor. Your responsibilities include guaranteeing at least 70% time for the Scholar to pursue research activities. In addition, the Foundation expects you to provide a broad array of other enriching research for the Scholar, such as participation in a journal club, interaction with other related laboratories that will benefit the Scholar, and guidance in preparing a report for submission to a journal and in writing the type of detailed grant application that is expected by the National Institutes of Health and other funding agencies.

You are expected to attend annual meetings of Scholars, Mentors, and Alumni the first two years of the award. These meetings are held in the fall and last for two days.

Please assist us by providing the following information:

1. A brief description of the research setting in which the candidate would receive training. This should include:
 - a. the scope of the research project
 - b. the number of trainees in the setting
 - c. a listing (complete or partial) of previous trainees
 - d. source(s) and levels of funding.
2. A brief comment stating your reasons for agreeing to accept the proposed Scholar (please share with us any impressions you may have from previous acquaintance with the applicant regarding career prospects).
3. An indication of how the applicant's research plan fits into the work conducted in your research group.
4. A description of the Scholar's projected activities, particularly during the first two years. Applicants who are selected by the interview process will be asked to submit a detailed research plan and budget at a later date.

Our office stands ready to provide you with any further information you may need. Inquiries about this program should be directed to the National Program Office at (317) 278-0500, or to <amfdp@indiana.edu>.

Applicant's Name _____

Harold Amos Medical Faculty Development Program
CONFIDENTIAL REFERENCE REPORT

TO THE REFERENCE:

This applicant to the Harold Amos Medical Faculty Development Program has named you as one of three references. We ask your cooperation in responding as quickly as possible. Your reference must be postmarked no later than March 18, 2010. To maintain strict confidentiality, return the completed form directly to James R. Gavin III, M.D., Ph.D., Program Director, Harold Amos Medical Faculty Development Program, 714 N. Senate Avenue, EF 212, Indianapolis, IN 46202. Questions may be directed to Nina Ardery at 317-278-0500 or amfdp@indiana.edu.

Reference Name _____
Title _____
Institution _____
Telephone (____) _____
E-mail _____

1. Please evaluate the applicant's performance using the scale below, and using this as the basis of your assessment in Section 3.
0: Unable to judge 1: Poor 2: Fair 3: Excellent 4: Outstanding

Overall preparation for the Harold Amos Medical Faculty Development Program:

Industry/perseverance:

Motivation:

Initiative:

Ability to meet deadlines:

Maturity:

Clinical ability:

Interpersonal facility with peers:

Interpersonal facility with patients:

Demonstrated skill at research:

Potential skill at research:

Integrity:

Judgment/critical sense:

Intellectual ability:

Demonstrated originality:

Potential originality:

Leadership capacity:

0: Unable to judge 1: Poor 2: Fair 3: Excellent 4: Outstanding

Demonstrated productivity:

Potential productivity:

Ability to communicate (written):

Ability to communicate (verbal):

Overall evaluation:

2. Please tell us how long you have known the applicant and in what capacity.
3. Please elaborate on the applicant's performance on the basis of which you arrived at your assessment in Section 1. If possible, please cite some specific illustration of the applicant's performance. Use additional pages if necessary.

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