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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Eligibility Criteria\*

### Instruction:

Respond to the questions below to indicate if you meet these conditions.

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\* Indicates required

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

- are from historically disadvantaged backgrounds <sup>(1)</sup>;
- are U.S. citizens, permanent residents, or individuals granted Deferred Action for Childhood Arrivals ("DACA") status by the U.S. Citizenship and Immigration Services <sup>(2)</sup>; and
- are completing or have completed their formal clinical training. (We will give preference to those who have recently completed their formal clinical training or in the case of nurses, their research doctorate.)

**[1]** The term "historically disadvantaged" refers to the challenges facing individuals because of their race, ethnicity, socioeconomic status, or similar factors (e.g., possession of a physical, learning or other disability, first-generation college graduate).

**[2]** Applicants who are permanent residents and not green card holders should contact the [Harold Amos Medical Faculty Development Program](#) before applying to determine whether they can satisfy the program's eligibility and documentation requirements.

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

- ☐ Yes  
☐ No
- 

As a physician, you must be Board eligible to apply for this program. As a dentist, you must be a general dentist with a Master's or PhD or have completed advanced dental education. As a nurse, you must be a Registered Nurse with a research doctorate.

### 2. Do you meet one of these criteria? \*

- ☐ Yes  
☐ No
- 

A recipient cannot be related by blood or marriage to any Officer\*\* or Trustee of the Robert Wood Johnson Foundation, or be a descendant of the Foundation's founder.

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

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**3. Does either of the above apply to you? \***

- ☐ Yes  
☐ No

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

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

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Applicants may include government employees who are not considered government officials\* under Section 4946 of the Internal Revenue Code.

Prior to selection, any applicant who is a government employee will be required to furnish a letter from the applicant's supervisor confirming that the applicant is not a government official under this definition.

\* For these purposes, government officials are defined as any person who holds one of the following:

1. An elective public office in the executive or legislative branch of the Government of the United States;
2. An office in the executive or judicial branch of the Government of the United States, appointment to which was made by the President;
3. A position in the executive, legislative, or judicial branch of the Government of the United States— (A) which is listed in schedule C of rule VI of the Civil Service Rules, or (B) the compensation for which is equal to or greater than the lowest rate of basic pay for the Senior Executive Service under section 5382 of title 5, United States Code;
4. A position under the House of Representatives or the Senate of the United States held by an individual receiving gross compensation at an annual rate of \$15,000 or more;
5. An elective or appointive public office in the executive, legislative, or judicial branch of the government of a State, tribe, possession of the United States, or political subdivision or other area of any of the foregoing, or of the District of Columbia, held by an individual receiving gross compensation at an annual rate of \$20,000 or more, and a significant part of whose activities include "the independent performance of policy-making functions;
6. A position as personal or executive assistant or secretary to any of the foregoing; or,
7. A member of the Internal Revenue Service Oversight Board.

**5. Are you a government official under Section 4946 of the Internal Revenue Code? \***

- ☐ Yes. I am a government official.  
☐ No. I am not a government official.

**6. Please provide your job title, and employer name. \***

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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Key Contact Information \*

### Instruction:

**You must complete the "AMFDP Applicant" information below before inviting your letters of reference (see link to the left).**

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 in this section before submitting.

- To save your partially completed page, scroll to the bottom of this page and select "Save, continue editing" or "Save, return home."
- Use the "Copy feature" to copy completed organizational and address information to a new contact. Choose a role from the drop-down menu and then select the "Copy" button.

You may use the "Select contact information" link below to facilitate the entry of data required below. If the information already exists in the GuideStar Exchange or from prior activity with RWJF, the fields below will become prepopulated with the required data. If that occurs, please be sure to proofread the prepopulated information to ensure that it is accurate and current. Feel free to edit as needed. [Use this link](#) to learn more about this feature. If, instead, you prefer to manually enter all the required information below, you may do so.

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## AMFDP Applicant \*

This is the person with the responsibility for overseeing the project. This person will be the primary recipient of all key Foundation correspondence: copy of award notice, post-award financial and monitoring, and grant closure. Additionally, after the application is submitted, this person will be asked to provide feedback to an independent survey firm on the application process and applicant characteristics in a brief, online survey. RWJF will share this person's contact information, including email address, with the survey firm for the sole purpose of soliciting feedback.

\* Indicates required

**E-mail \***

**Confirm E-mail \***

**Prefix**

**First Name \***

**Middle Name or Initial**

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**Last Name \***

**Suffix**

**Degree \***

**Applicant's Organization \***

**Position \***

**Department**

**Business Unit**

**Address \***

**Address (line 2)**

**City \***

**State / Territory \***

**Zip / Postal Code \***

**Office Phone Number \***

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**Phone Ext.**

**Cell Number**

**Fax Number**

**Website URL**

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**Mentor \***

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

\* Indicates required

**E-mail \***

**Confirm E-mail \***

**First Name \***

**Middle Name or Initial**

**Last Name \***

**Organization \***

**Position \***

**Department**

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**Business Unit****Address \*****Address (line 2)****City \*****State / Territory \*****Zip / Postal Code \*****Office Phone Number \*****Phone Ext.****Cell Number****Fax Number**

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**Co-Mentor**

Enter the name and contact information of the co-mentor below (if applicable) below.

\* Indicates required

**E-mail \*****Confirm E-mail \***

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**First Name \***

**Middle Name or Initial**

**Last Name \***

**Organization \***

**Position \***

**Department**

**Business Unit**

**Address \***

**Address (line 2)**

**City \***

**State / Territory \***

**Zip / Postal Code \***

**Office Phone Number \***

**Phone Ext.**

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**Cell Number**

**Fax Number**

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**Applicant's Home Contact Information \***

Enter applicant's home contact information below.

\* Indicates required

**Alternate E-mail**

**Confirm Alternate E-mail**

**Address \***

**Address (line 2)**

**City \***

**State / Territory \***

**Zip / Postal Code \***

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## Letter of Reference\*

### Instruction:

**You *must* complete the "AMFDP Applicant" information (see "Key Contact Information" link to the left) before inviting your letters of reference below.**

You are required to submit three (and only three) confidential references as part of the application process.

When you use the "invite" link below, an email message which includes login information and instructions for submitting LOR materials electronically will be sent automatically. Once the reference writer logs in, he/she will have access to complete instructions for providing LOR materials.

Applicants are urged to actively track the status of the submission of required reference materials.

- If a reference is no longer able to fulfill his or her obligation within the stated timeframe, you may "un-Invite" that reference and "Invite another person."
- Use the "re-invite" link to resend the email invitation with login instructions to a reference writer.
- Please return to this section to monitor that LOR are submitted by March 8, 2018, to ensure you will be able to submit your completed application package well before the deadline.

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Reference	Date Invited	Status
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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Applicant Information Questions\*

### Instruction:

Please respond to the following questions.

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\* Indicates required

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

☐ January 1, 2019 ☐ July 1, 2019

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### 2. Please indicate your country of citizenship.\*

### 3. Of which historically disadvantaged group, as defined in the call for applications, are you a member?\*

Select all that apply.

- ☐ Racial minority (e.g., Black, American Indian/Alaska Native, or Native Hawaiian/Pacific Islander)
  - ☐ Ethnic minority (e.g., Latino/Hispanic)
  - ☐ Education (e.g., first-generation college graduate, learning disability) (Use the "Other" box below to specify.)
  - ☐ Financial (e.g., low-income community) (Use the "Other" box below to specify.)
  - ☐ Other (specify below)
- 

### 4. If you selected racial or ethnic minority above, with which racial or ethnic minority do you identify? \*

If you did not select racial or ethnic minority above, please select "Not applicable."

Select all that apply.

- ☐ American Indian/Alaska Native
  - ☐ Black
  - ☐ Latino or Hispanic
  - ☐ Multiracial
  - ☐ Native Hawaiian/Pacific Islander
  - ☐ Not Applicable
  - ☐ Other (please specify below)
-

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**5. If you selected education above, please specify your historically disadvantaged educational background. \***

*If you did not select education above, please select "Not applicable."*

*Select all that apply.*

- ☐ Poorly rated school system
  - ☐ Learning or other disability
  - ☐ Not applicable
  - ☐ Other (please specify)
- 

**6. If you selected financial above, please specify your historically disadvantaged financial background. \***

*If you did not select financial above, please select "Not applicable."*

- ☐ Urban low-income community
  - ☐ Rural low-income community
  - ☐ Not applicable
  - ☐ Other (please specify)
- 

**7. What is your current position? \***

- ☐ Associate Professor
  - ☐ Assistant Professor
  - ☐ Instructor
  - ☐ Fellow
  - ☐ Resident
  - ☐ Staff Physician/Dentist/Nurse
  - ☐ Researcher
  - ☐ Other (please specify in text box below)
- 

**8. What is the name of your current institution? \***

**9. 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
- 

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

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**11. What is your research area? \***

Select all that apply.

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

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**12. What is your clinical specialty (for example, pediatrics, cardiology, internal medicine, general dentistry, public health dentistry, pediatric dentistry, public health nursing)? \***

**13. What is your secondary clinical specialty or subspecialty or research interest (for example, pediatric oncology or outcomes research)?**

If not applicable, you may skip this question.

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

**15. 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.

**16. Have you applied to this program in the past? \***

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

☐ Yes ☐ No

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**17. Because you responded "Yes" to the above question, please indicate the year(s) in which you applied. You must also submit the "Reapplicant Update" document. \***

Select all that apply.

<input type="checkbox"/> 2006	<input type="checkbox"/> 2012
<input type="checkbox"/> 2007	<input type="checkbox"/> 2013
<input type="checkbox"/> 2008	<input type="checkbox"/> 2014
<input type="checkbox"/> 2009	<input type="checkbox"/> 2015
<input type="checkbox"/> 2010	<input type="checkbox"/> 2016
<input type="checkbox"/> 2011	<input type="checkbox"/> 2017

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**18. Are you applying as a physician? \***

☐ Yes ☐ No

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**19. Are you applying as a dentist?\***

☐ Yes ☐ No

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**20. Are you applying as a nurse?\***

☐ Yes ☐ No

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**21. 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

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**22. Are you applying as part of the ASN-AMFDP partnership? \***

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

☐ Yes ☐ No

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**23. Are you applying as part of the AHA-AMFDP partnership? \***

- This is a partnership between the **American Heart Association** and the Harold Amos Medical Faculty Development Program.*
- **You must have an MD or equivalent to be eligible for this award.***

☐ Yes ☐ No

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**24. 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

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**25. 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).*

**26. Have you applied for or received other career development funding? \***

*If you respond "No," you will skip the next two questions.*

☐ Yes ☐ No

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**27. From what source is the career development funding?\***

*Select all that apply.*

- ☐ NIH K award
  - ☐ American Heart Association
  - ☐ Veterans' Administration
  - ☐ Other (please specify in text box below)
- 

**28. Please give the effective dates (or deadline) and funding amount, the title of the project, and a two-sentence executive summary of the project.\***

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**29. 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, City, State.*

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**30. Which medical, dental, or nursing school did you attend?\***

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**31. What was your year of graduation from medical, dental, or nursing school?\***

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**32. Where did you complete your residency, post-doctoral dental education (if applicable), or research doctorate?\***

*If not applicable, please enter "n/a."*

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**33. What degrees do you hold?\***

Choose the one that applies from the selections below or specify all of your degrees in the text box below.

- |   |   |
|---|---|
| <input type="radio"/> D.D.S.  | <input type="radio"/> M.D.              |
| <input type="radio"/> D.D.S., M.H.S.  | <input type="radio"/> M.D., M.B.A.      |
| <input type="radio"/> D.D.S., M.P.H.  | <input type="radio"/> M.D., M.H.S.      |
| <input type="radio"/> D.D.S., M.S.  | <input type="radio"/> M.D., M.P.H.      |
| <input type="radio"/> D.D.S., M.S.D.  | <input type="radio"/> M.D., M.S.        |
| <input type="radio"/> D.D.S., Ph.D.   | <input type="radio"/> M.D., M.Sc.       |
| <input type="radio"/> D.D.S., Ph.D., M.S.                                       | <input type="radio"/> M.D., Ph.D.       |
| <input type="radio"/> D.N.P., B.S.N.  | <input type="radio"/> M.D., Ph.D., M.S. |
| <input type="radio"/> D.N.P., M.S.N.  | <input type="radio"/> Ph.D., B.S.N.     |
| <input type="radio"/> D.N.S., B.S.N.  | <input type="radio"/> Ph.D., M.S.N.     |
| <input type="radio"/> D.N.S., M.S.N.  | <input type="radio"/> Ph.D., R.N.       |
| <input type="radio"/> D.O.  |   |
| <input type="radio"/> Other combination of degrees (Specify all of them below.) |   |
- 

**34. Occasionally, we are asked to provide contact information for applicants or awardees to other Robert Wood Johnson Foundation programs, or other organizations that 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
- 

**35. 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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**36. How did you first hear about the Harold Amos Medical Faculty Development Program?\***

*Select all that apply.*

- ☐ Social Media  
☐ Email  
☐ Website  
☐ Conference  
☐ Word of Mouth  
☐ Other (please specify)
-

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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Executive Summary

### Instruction:

Provide the following:

- Proposed project title
- An executive summary

\* Indicates required

### Proposed Project Title: \*

### Executive Summary: \*

Provide a brief description of the problem you propose to address. Your description must be limited to 1,500 characters (including spaces). Samples of executive summaries are available in the "How to Apply" section (see "Resources" area to the left).

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- not intended for submission -



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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Proposal Narrative, Citations & Reapplicant Update \*

### Instruction:

**To Begin:** Download the template(s) shown below. Follow the instructions included on each.

**To Upload:** Upload the completed document(s) by selecting the "Upload" button below. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide," (see "Resources" area on the left).

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" from the Home page. All uploaded documents may be updated and replaced until you submit your application.

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\* Indicates required

Description	Templates	Uploaded Documents
<b>Proposal Narrative *</b> Download the template in the "Templates" column to the right, and follow the instructions carefully.  To maintain the original formatting, <b>you must convert your document to a PDF prior to uploading</b> . For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).  <i>Maximum of 10 pages.</i>	<a href="#">Proposal Narrative</a>	
<b>Citations/References *</b> Download the template in the "Templates" column to the right, and follow the instructions carefully.  To maintain the original formatting, <b>you must convert your document to a PDF prior to uploading</b> . For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).	<a href="#">Citations and References</a>	
<b>Reapplicant Update</b> This document is required of all <b>reapplicants</b> .		

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Please tell us what has changed since your last application (for example, changes in status, mentoring, funding, training and skills, project, publications).

To maintain the original formatting, **you must convert your document to a PDF prior to uploading**. For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).

*Maximum of one page.*

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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Curriculum Vitae (CVs) \*

### Instruction:

CVs for applicants and mentors must be submitted below.

**To Begin:** Download the template shown below. Follow the instructions included on the template.

**To Upload:** Upload the completed document(s) by selecting the "Upload" button below. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide," (see "Resources" area on the left).

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" from the home page. All uploaded documents may be updated and replaced until you submit your application.

*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.*

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\* Indicates required

Description	Templates	Uploaded Documents
<b>Applicant CV *</b> Download the template in the "Templates" column to the right, and follow the instructions carefully to provide us with information about your education and professional experience.  To maintain the original formatting, <b>you must convert your document to a PDF prior to uploading.</b> For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).  <i>Maximum of 15-page limit for the applicant CV.</i>	<a href="#">Applicant CV</a>	
<b>Mentor CV *</b> Download the template in the "Templates" column to the right, and follow the instructions carefully. We prefer a National Institutes of Health biosketch; however, you may format the CV in any way you want as long as it includes publications most relevant to this application, as well as current and	<a href="#">Mentor CV</a>	

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past grant support. If you have more than one mentor, you must upload a CV for each mentor.

To maintain the original formatting, ***you must convert your document to a PDF prior to uploading***. For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).

*Maximum of 15-page limit for each mentor CV.*

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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Supporting Documents \*

### Instruction:

Many of the supporting documents listed below will be submitted online.

1. Letter to proposed mentor (*send to your mentor*)
2. Mentor statement (*required upload*)
3. Institutional letters of support (*optional upload*)
4. Supplemental documents (*optional upload - pre-approval required*)

**To Begin:** Download the templates shown below. Follow the instructions included on each.

**To Upload:** As appropriate, upload the completed document(s) by selecting the "Upload" button below. For assistance with uploading, refer to the "Upload Documents" section of the "Applicant Guide," (see "Resources" area on the left).

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" from the Home page. All uploaded documents may be updated and replaced until you submit your application.

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\* Indicates required

Description	Templates	Uploaded Documents
<b>Letter to Proposed Mentor</b> Please send this letter to your proposed mentor. The information received from the mentor should be uploaded to this application system using the "Mentor Statement" template below.	<a href="#">Letter to Proposed Mentor</a>	
<b>Mentor Statement *</b> Use the template to the right to provide 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, or they may collaborate on one letter.  To maintain the original formatting, <b>you must convert your document to a PDF prior to uploading</b> . For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).	<a href="#">Mentor Statement</a>	

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### **Institutional Letter of Support \***

The Harold Amos Medical Faculty Development Program requires a commitment of at least 70 percent of time spent in research activities, as well as a supportive research environment. Please provide an institutional letter of support. This should come from a division chief, department head, dean, or other senior administrator.

To maintain the original formatting, ***you must convert your document to a PDF prior to uploading***. For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).

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### **Supplemental Documents**

[Supplemental Documents](#)

**If you wish to provide supplemental documents, please contact the national program office at 317-278-0500 for approval.**

If approved, download the template in the "Templates" column to the right, and follow the instructions carefully.

To maintain the original formatting, ***you must convert your document to a PDF prior to uploading***. For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).

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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Transcript Acknowledgement\*

### Instruction:

Read and acknowledge the process for submitting your transcript(s) below.

In the "Transcripts" section (see link to the left), you will upload copies of your transcript(s):

- Undergraduate
- Professional (MD or equivalent; for example, DDS, MSN, DNP)
- Other (for example, PhD, MPH, MS).

You may upload up to ten (10) transcripts. If you have more than 10 transcripts, you may combine two or more and upload as one document.

APPLICANTS ARE NO LONGER REQUIRED TO HAVE TRANSCRIPTS MAILED TO THE NATIONAL PROGRAM OFFICE. **HOWEVER, APPLICATIONS ARE STILL REQUIRED TO BE SENT. SEE THE MAILING INSTRUCTIONS ACKNOWLEDGEMENT SECTION TO THE LEFT.**

### Important Notes:

#### **Secured transcripts:**

**Do not upload secured or password-protected PDFs.** If you have a protected document from an institution and you are unable to remove the security, please print the document, scan it and save it to a new, unprotected PDF before uploading.

#### **Access expiration:**

**Before uploading your transcript(s), please check with the issuing institution that PDF has not been created with encryption or certifications that will cause access to the PDF to expire. You may also follow the instructions above to print and scan the transcript prior to uploading.**

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\* Indicates required

**1. I have read and understand that secured transcripts or transcripts with encryption or certifications (details above) that will cause access to expire should not be uploaded as part my application.\***

☐ Acknowledged

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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Transcripts \*

### Instruction:

Please use the area below to provide copies of your transcripts.

Upload copies of your transcripts:

- Undergraduate
- Professional (MD or equivalent; for example, DDS, MSN, DNP)
- Other (for example, PhD, MPH, MS).

You may upload up to 10 transcripts. If you have more than 10 transcripts, you may combine two or more and upload as one document.

APPLICANTS ARE NO LONGER REQUIRED TO HAVE TRANSCRIPTS MAILED TO THE NATIONAL PROGRAM OFFICE.

#### **Important Notes:**

##### **Secured transcripts:**

**Do not upload secured or password-protected PDFs.** If you have a protected document from an institution and you are unable to remove the security, please print the document, scan it and save it to a new, unprotected PDF before uploading.

##### **Access expiration:**

Before uploading your transcript(s), please check with the issuing institution that PDF has not been created with encryption or certifications that will cause access to the PDF to expire. You may also follow the instructions above to print and scan the transcript before uploading.

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\* Indicates required

Description

Templates

Uploaded Documents

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### **Undergraduate Transcripts \***

To maintain the original formatting, **you must convert your document to a PDF prior to uploading.** For additional information, refer to "Troubleshooting Tips," (see "Resources" area on the left).

*Maximum of 10 transcripts; if you have more than 10 transcripts, you may combine two or more and upload as one document.*



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# Harold Amos Medical Faculty Development Program (AMFDP) 2018 Call for Applications

## Mailing Instructions Acknowledgement\*

### Instruction:

Review and acknowledge the requirements for mailing one copy of your submitted application.

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\* Indicates required

### **1. All applicants submitting for a grant must send one paper copy of the online application directly to the NPO, with a postmark of March 16, 2018 or before.\***

- Keep in mind that we require you to provide a copy of your submitted application, with the exception of letters of reference.
- **First overnight, overnight, and/or insurance are *not* necessary.**
- **The applicant or his or her agent will *not* require a signature upon delivery.**
- **The applicant *will* clip the pages of the application together with an appropriately-sized binder clip.**

The mailing address for the National Program Office is:

Harold Amos Medical Faculty Development Program  
702 Rotary Circle, Suite 132  
Indianapolis, IN 46202-5133  
(317) 278-0500

☐ Acknowledged

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/www/material/anr/anrprod/sol\_1408/phase\_2812/templates/pnaro\_23586.docx

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- not intended for submission -

## The Harold Amos Medical Faculty Development Program Applicant Curriculum Vitae (CV)

### 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, dental, or nursing, 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 online system.

**Save your final CV as a PDF.** In the “Resources” area on the left of the online system, you will find the “Applicant Guide.” Within the guide, there are links to “Upload Documents” and “Troubleshooting Tips” for converting your document to a PDF.

Upload the PDF to the “Curriculum Vitae” section of the online system.

This document has a limit of 15 pages.

### Identifying Information

**Project Title:** (your project title goes here)

**Application I.D.:** (your application ID goes here—found in the upper right corner of any screen in this online system)

**Applicant Name:** (your name goes here)

**Legal Name of Applicant Organization:** (legal name of applicant organization goes here)

## The Harold Amos Medical Faculty Development program Mentor Curricula Vitae (CV)

### 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. Please ensure that it includes those publications that are relevant to this application, as well as current and past grant support. 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 online system.

**Save your final mentor CV(s) as a PDF.** In the "Resources" area on the left of the online system, you will find the "Applicant Guide." Within the guide, there are links to "Upload Documents" and "Troubleshooting Tips" for converting your document to a PDF.

Upload the PDF to the "Curricula Vitae" section of the online system.

Each CV has a limit of 15 pages.

### Identifying Information

**Project Title:** (your project title goes here)

**Application I.D.:** (your application ID goes here—found in the upper right corner of any screen in this online system)

**Applicant Name:** (your name goes here)

**Legal Name of Applicant Organization:** (legal name of applicant organization goes here)

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- not intended for submission -

## Harold Amos Medical Faculty Development Program Mentor Statement

### Template Instructions:

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

### Notes:

- **Save your final mentor statement as a PDF.** In the "Resources" area on the left of the online system, you will find the "Applicant Guide." Within the guide, there are links to "Upload Documents" and "Troubleshooting Tips" for converting your document to a PDF.
- Upload the PDF to the "Supporting Documents" section of the online system.
- 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.

**Don't forget...delete this block of general instructions before uploading.**

### Identifying Information

**Project Title:** (your project title goes here)

**Application I.D.:** (your application ID goes here)

**Applicant Name:** (your name goes here)

**Legal Name of Applicant Organization:** (legal name of applicant organization goes here)

(Your mentor statement goes here.)

## The Harold Amos Medical Faculty Development Program Supplemental Documents

### Template Instructions:

Use of this template is optional. Most applicants will **not** have supplemental documents. 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.

### Notes:

- **Save your final supplemental document(s) as a PDF.** In the “Resources” area on the left of the online system, you will find the “Applicant Guide.” Within the guide, there are links to “Upload Documents” and “Troubleshooting Tips” for converting your document to a PDF.
- Upload the PDF to the Supporting Documents section of the online system.

**Please delete these general instructions before uploading your file to the online system.**

### Identifying Information

**Project Title:** (your project title goes here)

**Application I.D.:** (your application ID goes here—found in the upper right corner of any screen in this online system)

**Applicant Name:** (applicant’s name goes here)

**Legal Name of Applicant Organization:** (legal name of applicant organization goes here)