Harold Amos Medical Faculty Development Program (AMFDP) 2024 Call for Applications

Eligibility Criteria*

ⓘ **Instruction:**

This section is designed to assess whether you are eligible for the Harold Amos Medical Faculty Development Program.

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

* Indicates required

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

- are from historically marginalized backgrounds and are able to describe how their background, identity, or lived experiences have positioned them to contribute to the goals of the program. *(1)*;
- are U.S. citizens, permanent residents, or individuals granted Deferred Action for Childhood Arrivals ("DACA") status by the U.S. Citizenship and Immigration Services *(2)*; 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] *Examples of marginalized backgrounds include, but are not limited to, first-generation college graduates; individuals from lower socioeconomic backgrounds; individuals from communities of color; and individuals with disabilities. If an applicant is applying because they have a marginalized background not listed above, the applicant can provide additional information later in the applicatoin.*

[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. Are you a physician, dentist, or nurse and meet the specific criteria as described above?*
○ Yes ○ No

2. 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. Do you meet one of these criteria?*
○ Yes ○ No

Individual candidates for receipt of award funds cannot be related to any Officer or Trustee of the Robert Wood Johnson Foundation, or be a descendent of the Foundation's founder. The Officers of the Foundation are the Chair of the Board of Trustees; President and CEO; Chief of

Staff; Executive Vice President;Chief Operating Officer; General Counsel; Secretary; Assistant Secretary; Treasurer; Assistant Treasurer; and Chief Investment Officer.

- Are you related by blood, marriage, or adoption to any Officer or Trustee of the Robert Wood Johnson Foundation?
- Are you a descendant of the Foundation's founder, General Robert Wood Johnson?

3. Are you related by blood, marriage, or adoption to any Officer or Trustee of the Robert Wood Johnson Foundation or are you a descendant of the Foundation's founder, General Robert Wood Johnson?*

◯ 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. Chair, Chief of Staff, founder).*

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

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.

◯ Unsure. I am a government employee but am unsure if I meet the definition of government official.

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

If you select "No" for question #5, you will skip this question.

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Key Contact Information *

ⓘ **Instruction:**

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

This section collects information required for us to contact you throughout the application process and in other ways consistent with our privacy policy.

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.

AMFDP Applicant *

This is the person with the responsibility for overseeing the project. This person will be the primary recipient of all key Foundation or partner correspondence: copy of award notice, post-award financial and monitoring, and grant closure. Additionally, this person may be contacted after the submission deadline by SSRS, an independent research firm. If contacted, they will be asked to complete a brief, online survey about the proposal process and applicant characteristics. RWJF will share this person's contact information, including email address, with SSRS for the sole purpose of soliciting feedback.
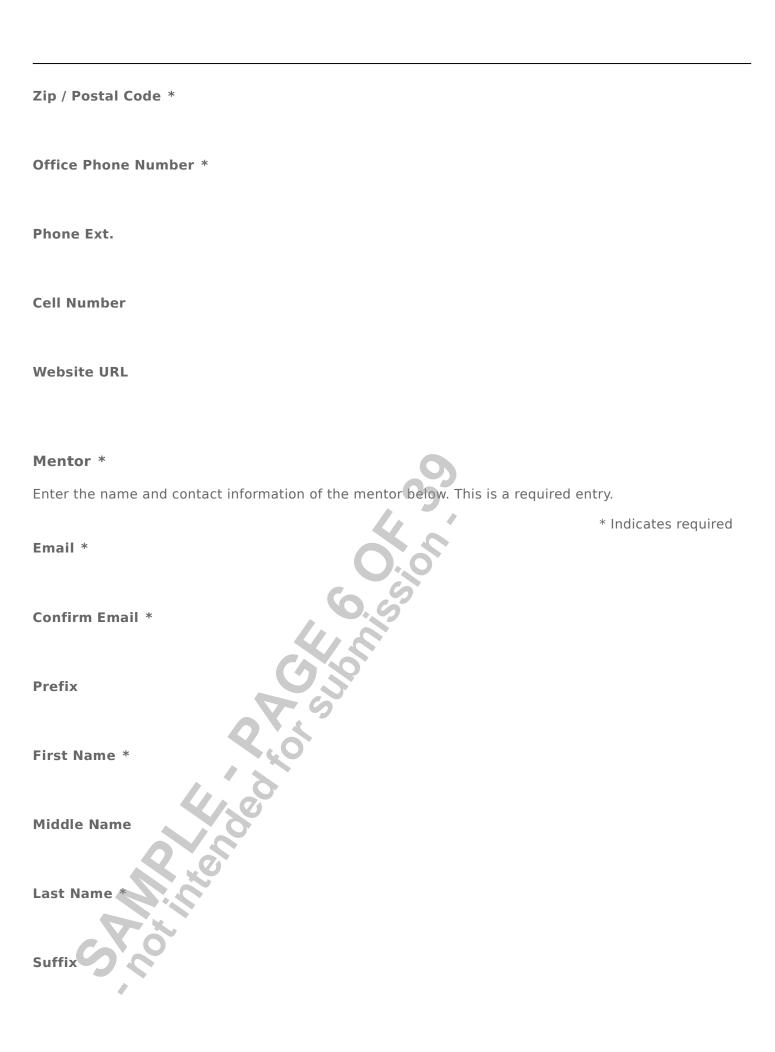
* Indicates required

E-mail *

Confirm E-mail *

Prefix
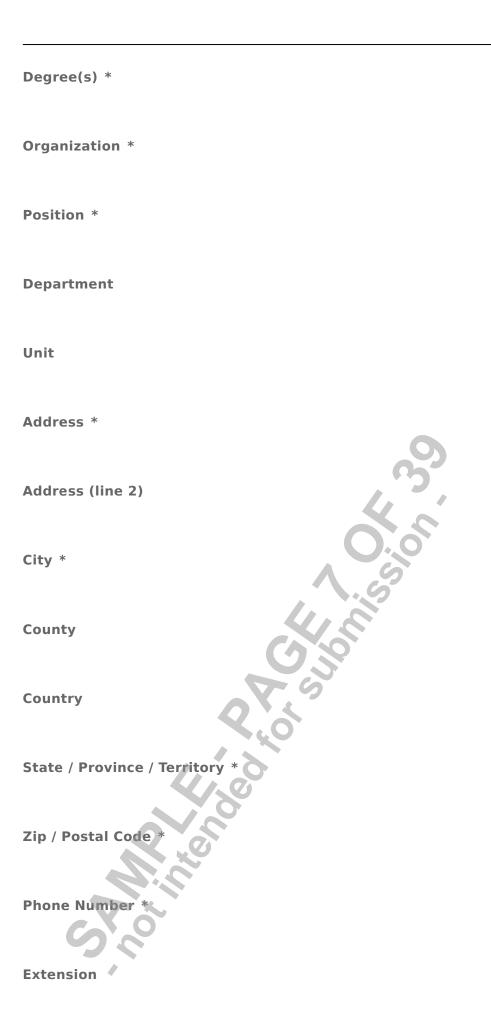
First Name *

Middle Name or Initial

Last Name *

Suffix

Degree(s) *

Applicant's Organization *

Position *

Department

Business Unit

Address *

Address (line 2)

City *

County *

State / Territory *

Zip / Postal Code *

Office Phone Number *

Phone Ext.

Cell Number

Website URL

Mentor *

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

* Indicates required

Email *

Confirm Email *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Degree(s) *

Organization *

Position *

Department

Unit

Address *

Address (line 2)

City *

County

Country

State / Province / Territory *

Zip / Postal Code *

Phone Number *

Extension

Cell Phone

Fax

Website URL

Co-Mentor

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

* Indicates required

Email *

Confirm Email *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Degree(s) *

Organization *

Position *

Department

Unit

Address *

Address (line 2)

City *

County

Country

State / Province / Territory *

Zip / Postal Code *

Phone Number *

Extension

Cell Phone

Fax

Website URL

Applicant's Home Contact Information *

Enter applicant's home contact information below.

* Indicates required

Alternate E-mail

Confirm Alternate E-mail

Prefix

Suffix

Degree(s) *

Address *

Address (line 2)

City *

County

State / Territory *

Zip / Postal Code *

Website URL

Letter of Reference (LOR)*

ⓘ **Instruction:**

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

Hearing from individuals familiar with you and your work is an important element of the selection process. This section facilitates the collection of the three required references.

You are required to submit three (and only three) 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, they 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 LORs are submitted by March 12, 2024, to ensure you will be able to submit your completed application package well before the deadline.

Reference   Date Invited   Status

Harold Amos Medical Faculty Development Program (AMFDP) 2024 Call for Applications

Applicant Information Questions*

ⓘ **Instruction:**

This section allows you to provide information about your background, including the focus of your work.

As appropriate, please respond to the following questions.

* Indicates required

1. Of which historically marginalized group, as defined in the call for applications (see "Resources" link to the left), are you a member? In the narrative section, applicants are required to describe how their background, identity, or lived experiences as part of a historically marginalized group have positioned them to contribute to the goals of the program.*
Select all that apply.

☐ Attended a low-performing secondary school or undergraduate institution
☐ First-generation college graduate
☐ Have a learning disability
☐ Have a physical disability
☐ Grew up in poverty, low-income community, or marginalized geographic location
☐ Experienced discrimination based on my immigration status or that of my parents
☐ Grew up in a household in which English was not the primary language/experienced discrimination based on my accent
☐ Experienced racism, or discrimination based on race/ethnicity
☐ Experienced discrimination based on gender identify
☐ Experienced discrimination based on being an LGBTQ+ individual
☐ Other (specify below)

2. What is your current position?*
○ Associate Professor
○ Assistant Professor
○ Instructor
○ Fellow
○ Resident
○ Staff Physician/Dentist/Nurse
○ Researcher
○ Other (please specify in text box below)

3. What is the name of your current institution?∗

4. If selected for funding, is your current institution (which you listed in question #3 above) the one at which the award would be activated?∗

○ Yes

○ No (Specify the institution at which you intend to activate the award.)

5. What is your research area?∗
Select all that apply.

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

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

7. 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.

8. What is your mentor's area of research interest?∗

9. 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.

10. Have you applied to this program in the past?∗
If you respond "No," you will skip the next two questions.

○ Yes ○ No

11. Because you responded "Yes" to the above question, please indicate the year(s) in which you applied. In addition, you must also submit the "Reapplicant Update" document. (See the "Narrative, Citations, & Reapplicant Update" link to the left.)*
Select all that apply.

☐ 2016   ☐ 2020
☐ 2017   ☐ 2021
☐ 2018   ☐ 2022
☐ 2019   ☐ 2023

12. Please provide your prior application ID(s).*
   If you have not applied in the past, please enter "n/a."

13. Are you applying as a physician, dentist, or nurse?*
   Select all that apply.

☐ Physician
☐ Dentist
☐ Nurse

14. 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

15. 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

16. Have you applied for or received other career development funding (not from RWJF)?*
If you respond "No," you will skip the next two questions.

○ Yes ○ No

17. 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)

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

19. 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.

20. From what undergraduate college (or combined undergraduate/medical program) did you graduate and when?*

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

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

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

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

24. What degree(s) do you hold?*
Choose the one that applies from the selections below or specify all of your degrees in the text box below.

○ D.D.S.
○ D.D.S., M.H.S.
○ D.D.S., M.P.H.
○ D.D.S., M.S.
○ D.D.S., M.S.D.
○ D.D.S., Ph.D.
○ D.D.S., Ph.D., M.S.
○ D.N.S., B.S.N.
○ D.N.S., M.S.N.
○ D.O.
○ M.D.
○ Other combination of degrees (Specify all of them below.)

○ M.D., M.B.A.
○ M.D., M.H.S.
○ M.D., M.P.H.
○ M.D., M.S.
○ M.D., M.Sc.
○ M.D., Ph.D.
○ M.D., Ph.D., M.S.
○ Ph.D., B.S.N.
○ Ph.D., M.S.N.
○ Ph.D., R.N.

25. Did you use any form of artificial intelligence (AI) to develop any aspect of this submission? *
○ Yes
○ No

26. Please describe what tool was used and what content was generated, assisted, or edited.*

Travel to international locations, and to Alaska, Hawaii, and Puerto Rico requires additional approval in advance of the travel.

27. Please acknowledge your understanding of this restriction.*
○ Acknowledge

28. Do you wish to share any comments about your application or the application process? *
○ No
○ Yes (please specify)

Harold Amos Medical Faculty Development Program (AMFDP) 2024 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).

Harold Amos Medical Faculty Development Program (AMFDP) 2024 Call for Applications

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.

* Indicates required

Description	Templates	Uploaded Documents
Application Narrative * 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). *Maximum of 10 pages.*	Application Narrative	
Citations/References * 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).	Citations and References	
Reapplicant Update This document is required of all **reapplicants**.		

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.

Harold Amos Medical Faculty Development Program (AMFDP) 2024 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" your proposal from the Home page. All uploaded documents may be updated and replaced until you submit your application.

* Indicates required

Description	Templates	Uploaded Documents
Applicant CV * 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, *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 the applicant CV.*	Applicant CV	
Mentor CV * 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 past grant support. If you have two mentors, you must upload a CV for each mentor.	Mentor CV	

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.

Harold Amos Medical Faculty Development Program (AMFDP) 2024 Call for Applications

Supporting Documents *

ⓘ Instruction:

Most 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 letter of support (*required 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.

* Indicates required

Description	Templates	Uploaded Documents
Letter to Proposed Mentor 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.	Letter to Proposed Mentor	
Mentor Statement * Use the template to the right to provide your mentor statement detailing background, institutional resources and support for your project. If you have two mentors, you may upload a mentor statement for each mentor, or they may collaborate on one letter. 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).	Mentor Statement	

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).

Supplemental Documents

If you wish to provide supplemental documents, please contact the national program office at 317-278-0500 or amfdp@indiana.edu 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).

Supplemental Documents

Harold Amos Medical Faculty Development Program (AMFDP) 2024 Call for Applications

Transcript Acknowledgement*

ⓘ **Instruction:**

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

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

- Undergraduate
- Professional (for example, MD or equivalent; DDS, MSN)
- 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 **NOT** 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 the 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.

* 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

Harold Amos Medical Faculty Development Program (AMFDP) 2024 Call for Applications

Transcripts *

ⓘ **Instruction:**

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

Upload copies of your transcripts:

- Undergraduate
- Professional (for example, MD or equivalent; DDS, MSN)
- 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 **NOT** 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.

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.

* Indicates required

Description	Templates	Uploaded Documents

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.

Harold Amos Medical Faculty Development Program (AMFDP) 2024 Call for Applications

Outreach Efforts*

ⓘ **Instruction:**

The questions in this section are designed to help us assess our outreach and recruitment efforts. Your responses to the following questions do not impact your chances of getting into this program.

* Indicates required

1. 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
☐ Web search
☐ Other (please specify)

2. Have you previously applied to RWJF for funding or support of any kind (except for this AMFDP program)?*
○ Yes
○ No

3. Were you funded?*
○ Yes
○ No

4. Was your funding for any other RWJF leadership program?*
○ No
○ Yes (provide; program name(s) & month(s) / year(s) of application)

5. 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

The Harold Amos Medical Faculty Development Program
   Application Narrative

Instructions for using this template.

Use this template to provide your application narrative.

- Your narrative should respond to the prompts listed below. Please use 1-inch margins and 12-point font. You may single-space or double-space your responses.
- **The limit for this template is 10 pages: one each for Research Training, Experience/Intent, Commitment to the Goals of the AMFDP, and Individual Background sections, and six pages for the Project section. Start each section on a new page.**

You should:

- Print this template in its entirety before you begin, so you have the instructions available at all times.
- Complete the identifying information shown below this block of instructions.
- **Save your final application narrative 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 Application Narrative section of the online system.

NOTES:
- You will not be able to upload a document that is longer than 10 pages.
- Do not adjust the margins or font style/size of this template.

Remember to delete this block of instructions—and the guidelines shown in blue under each section heading—before uploading this template.

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)

(Your application narrative goes here. Do not exceed 10 pages.)

<u>Research Training</u>

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

Experience/Intent

What is your understanding of the issues facing historically marginalized people in the academic health professions? What is your experience in addressing these issues (e.g., mentoring, service, advocacy)? What are your future plans for addressing these issues? 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, dentistry, or nursing; to serve as role models for succeeding classes of researchers; and have a commitment to improving the health of underserved populations and/or working toward understanding and eliminating health disparities. How would this award enhance your ability to realize these goals? Limit your response to one page.
xxxxxx (Your response goes here.) xxxxxx

Individual Background

Please describe how your background identity, or lived experiences as a member of a historically marginalized group have positioned you to contribute to the goals of the program. 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 citations/references will be uploaded as a separate document (see link to "Narrative, Citations & Reapplicant Update" 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. Limit your response to six pages.

xxxxxx (Your response goes here.) xxxxxx

The Harold Amos Medical Faculty Development Program
Citations/References

Template Instructions:

Complete this template to provide us with the citations (i.e. references) for the scientific project you described in the proposal template. The citations will not count toward the 10-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.

Save your final citations/references 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 "Proposal Narrative, Citations, & Reapplicant Update" section of the online system.

Please delete these general instructions before uploading your citations/references 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: (your name goes here)
Legal Name of Applicant Organization: (legal name of applicant organization goes here)

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; pertinent extracurricular activities, 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.

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

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.

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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 (AMFDP). The National Advisory Committee of the AMFDP 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 percent time for the scholar to pursue research activities. In addition, the Foundation expects you to provide a broad array of other enriching research activities 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 during 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 (please leave a message), or to <amfdp@indiana.edu>.

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.

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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, and is **usually at the request of the National Program Office**. 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 of the AMFDP at 317-278-0500 or amfdp@indiana.edu. We are not physically in the office, so if you leave a voice message, please leave a clear callback number.

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.

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