



**MEDICAL STAFF ORGANIZATION, CHILDREN'S HOSPITAL
BOSTON**

Houseofficer Development Award

Carol Vey, Administrative Coordinator
Medical Staff Organization

Department of Anesthesiology, Perioperative & Pain Management, Bader 3
617-355-8253

carol.vey@childrens.harvard.edu

**CHILDREN'S HOSPITAL BOSTON HOUSEOFFICER DEVELOPMENT AWARD
EMPIRICAL, CLINICAL & SERVICE PROJECTS**

Up to \$ 5,000 is available as a one-time award to a Children's Hospital Boston houseofficer (resident, fellow, or research fellow). The award is designed to help recipients develop and further their academic, professional and/or research career.

Submission deadline: 5 PM, Tuesday, April 21, 2009 (day after Patriot's Day)

Award announcement: Wednesday, May 20, 2009 (Dr. M. Judah Folkman Research Day)

Eligibility: Full-time houseofficer (resident, fellow, or research fellow) of Children's Hospital Boston.

Award: Awards will be made on the basis of a competitive application process and may be used for payment of a research assistant, travel, equipment, and/or tuition to support research, educational initiatives, department and quality improvement initiatives, and other projects which will provide for career development. Awards will be made in three separate categories; please choose only one in which to apply:

Empirical research

Clinical Research

Service-Based Project, serving:

(a) Children's Hospital Intramural (within CHB) service/education projects **or**

(b) Extramural (community-based) service/education projects

Proposal Submission and Review: Questions regarding the application process and administrative issues should be directed to Carol Vey, Administrative Coordinator to the Medical Staff Organization. Proposals will be evaluated and ranked by the officers of the medical staff. Selection Criteria for the award will be the quality of the project, the extent the opportunity will contribute to career development, the likelihood that the proposal will aid the professional potential of the individual and the extent the project contributes to the advancement of the health and welfare of children.

Mentorship: Some proposals may be amenable to formal mentorship. Applicants are strongly encouraged to seek formal mentorship if they are applying for a specific research project. Applicants who are not seeking the award for a specific research project may choose to have formal mentorship relationships.

Office of Sponsored Programs Proposal Summary and Approval Form

Awardees only will need to submit a Proposal Summary and Approval Form to the Office of Sponsored Programs following notification.

Final Report

A final report summarizing accomplishments and career development of the recipient is due 30 days after the completion of the award. The requirements for the final report will be determined by the Committee and will be based on the proposal.

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Application Format

E-mail in Microsoft Word or PDF to carol.vey@childrens.harvard.edu. The original should also be mailed to Carol Vey at the above address.

Title page: Name, Current training level, Project title, Children's Hospital address, telephone, fax, e-mail, Research Mentor and Department Chair information (see application checklist) and proposed starting date.

Proposal summary (1 page limit)

For research projects: one paragraph summary; background; hypothesis; objectives; preliminary data; methods; analysis; plan; timeframe; and references.

For other projects: one paragraph summary; a description of the activities under the award; please be specific and complete by including as much information as possible

Budget: Specify the total amount (up to \$ 5,000) needed to fund the project (1 page limit) and how this will be used. Please use the attached budget format.

Formal Mentorship: Applicants who will be involved in a formal mentorship relationship and wish this relationship to be considered for their application should include a letter of support from the mentor indicating that the proposal was reviewed with the mentor who believes it is feasible with the time/resources potentially available and has the mentor's support to make it successful.

Curriculum vitae (Harvard format)



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AWARD APPLICATION CATEGORY: EMPIRICAL CLINICAL SERVICE: INTRAMURAL CHB
EXTRAMURAL

Applicant Name: _____ Department / Division: _____
Telephone: _____ Pager: _____
FAX: _____ Email: _____
Research Mentor: _____ Department Chair: _____
Project Title: _____

Eligibility:

- Fellow, clinical
- Fellow, research
- Resident, PL3
- Resident, PL2
- Resident, PL1

Please review your final application for the following required materials:

Title page

- a. Category identified (Empirical, Clinical, Service Intramural, Service Extramural)
- b. Title of research proposal
- c. Applicant's name, academic degrees, rank, mailing address, fax numbers, e-mail
- d. Research Mentor's name, academic degrees, faculty rank, mailing address, fax numbers, e-mail
- e. Dept. chair's name, academic degrees, faculty rank, mailing address, fax numbers, e-mail
- f. Proposed starting date

2. Biographical sketch

- a. Applicant's (limit of 1 page)
- b. Research Mentor's (limit of 1 page)

3. Budget forms

MEDICAL STAFF USE ONLY
__ Org./2 c & e
subm
Title Page
__ a.
__ b.
__ c.
__ d.
__ e.
__ f.
Biosketch __ App
__ Mentor
Budget
__ MS __ Just.
Proposal / Summary
__ Complete
Letters
__ a. Chair
__ b. Mentor
IRB
__ Complete __
Explain
Conditions

a. Part 1- Detailed (complete, no unallowable items) b. Part 2-
Justification complete

4. Proposal Summary

a. Complete, limited to 250 words, double-spaced

5. Letters of commitment and recommendation from:

a. Department Chair

b. Research mentor

6. Approval letter from animal or human review committee, if applicable

a. Complete b. Approval not obtained, letter of explanation
included

7. Acceptance of conditions signed by Applicant, Research Mentor and
Department Chair

a. Complete and included in packet



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Applicant Name: _____ Department /
Division: _____

Telephone: _____ Pager: _____

FAX: _____ Email: _____

Research Mentor: _____ Department Chair: _____

Project Title:

Proposal Summary:

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MEDICAL STAFF ORGANIZATION, CHILDREN'S HOSPITAL

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BIOGRAPHICAL SKETCH

NAME	HOUSEOFFICER STATUS
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EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

**A. Positions and Honors-
Positions and Employment:**

Other Experience and Professional Memberships:

Honors/Awards:

B. Selected Peer-Reviewed Publications (in chronological order):

**C. *Research Support-*
Ongoing Support:**

Completed Support:

D. Why are you interested in this award?

GRANT BUDGET: PART 1- DETAILED

Personnel Salary (Name and Title)	FAER Award	Other Funds	FAER Award	Other Funds
Benefits (Name and Title)				
<i>Total Salary and Benefits</i>				
Equipment (itemize)				
<i>Total Equipment</i>				
Supplies (itemize by category)				
<i>Total Supplies</i>				
Other Expenses (itemize by category)				
<i>Total Other</i>				
Total Expenses				
Maximum Budget	\$35,000		\$50,000	

The "Other funds" column should be used to list funds that are not provided by CHB, but are required to complete the proposed project. The source(s) for these funds must be detailed in the budget justification.

