



2017 HTRS/ATHN DREAM AWARD PROGRAM

APPLICATION FORM

This Application Form is a required component of all pre-proposal and invited full proposal applications to the HTRS/ATHN DREAM Award Program.

Check one:

I am submitting this Application Form with my DREAM Award pre-proposal.

Complete all fields below and save this document to your files. When you are ready to save and submit your pre-proposal as a single PDF document, this form should appear as the first component of your pre-proposal.

I am submitting this Application Form with my invited DREAM Award full proposal.

If you are invited to submit a full proposal, please update this application form as needed. When you are ready to save and submit your full proposal as a single PDF document, this form should appear as the first component of your full proposal.

DATE APPLICATION SUBMITTED:

APPLICANT INFORMATION

Applicants must reside in the U.S. and be working with a mentor at a U.S.-based HTC to be eligible.

First Name M.I. Last Name

Official Title or Position (Fellow, Instructor, Assistant Professor, etc.)

Primary Institutional Affiliation

Applicant's Institutional Mailing Address

City State Zip Code

Office Phone Mobile Phone

Email Address

Medical Degree Date Medical Degree Obtained

Name of Awarding Institution for Medical Degree

Other Postgraduate Education, Degrees, or Licensures (PhD, MS, etc.)

HTC INFORMATION

ATHN-affiliated U.S.-based HTC

Mailing Address

City

State

Zip Code

Phone

MENTOR INFORMATION

HTC Mentor's Name and Credentials (MD, PhD, etc.)

HTC Mentor's Official Title or Position

HTC Mentor's Email Address

Database/Statistical Mentor's Name and Credentials (MD, PhD, etc.)

Database/Statistical Mentor's Official Title or Position

Database/Statistical Mentor's Email Address

APPLICANT QUESTIONS

1. As of July 1, 2017, I will be a:

2nd or 3rd year fellow (still in training)

What month and year did you begin your fellowship:

What month and year do you plan to complete your fellowship:

Junior Attending/Junior Faculty (must be within seven years of completing fellowship as of July 1, 2017)

What month and year will you/did you complete your fellowship:

2. I am pursuing a career in:

Adult Medicine

Pediatric Medicine

Both Adult and Pediatric Medicine

3. I am pursuing a career in:

Hemostasis

Thrombosis

Both Hemostasis and Thrombosis

4. I am a current member of HTRS.

Yes

No

Applicants are encouraged to join HTRS at www.htrs.org. Fellows are eligible for complimentary membership for the duration of their accredited fellowship program. Membership status will not affect award recipient selection.)

5. Project Title

6. Project Summary (100 words maximum)

7. This research project is primarily focused on the area of: (Choose all that apply)

A. Hemostasis Disorders, such as:

- a. Hemophilia
- b. Von Willebrand Disease
- c. Platelet Disorders (Immune Thrombocytopenias, Platelet Function Disorders)
- d. Other Rare Bleeding Disorders: (Explain)
- e. Other Hemostasis Disorders: (Explain)

B. Thrombosis Disorders: (Explain)

C. Other: (Explain)

8. This research project is focused on:

Adults

Children and/or Adolescents

Both Adults and Children/Adolescents

Not Applicable

9. This research project features the following initiatives: (Check all that apply)

Longitudinal

Case/Control

Feasibility

Quality Improvement

Comparative-effectiveness

Cost-effectiveness

Other: (Explain)

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10. This research project will require:

A one-year award of \$50,000

A two-year award of \$100,000 (\$50,000 per year)

11. Should my project be selected for the DREAM Award, I am willing to sign the ATHN Data Sharing and Use Agreement (available for review at www.athn.org).

Yes

No

12. I am requesting assistance from HTRS/ATHN to find a mentor experienced in database research/statistical analysis. (I already have a mentor at an ATHN-affiliated, U.S.-based HTC.)

Yes

No, I already have two mentors, one at an ATHN-affiliated, U.S.-based HTC and one experienced in database research/statistical analysis.

No, I already have one mentor who is at an ATHN-affiliated, U.S.-based HTC and who is also experienced in database research/statistical analysis.

13. Should my project be selected for the DREAM Award, I am requesting statistical support from HTRS/ATHN to implement my research project. (If this service is anticipated, the rationale for and percent effort allotted for the biostatistician must be sufficiently explained in the full proposal narrative and be reflected in the full proposal budget.)

Yes

No

Unsure at this time

14. For Pre-proposal Application Only:

If I am invited to submit a full proposal, I am requesting statistical support from HTRS/ATHN to prepare my full proposal including study design and statistical analysis plan.

Yes (Applicants with successful pre-proposals will be contacted by a statistical consultant.)

No (HTRS and ATHN encourage you to identify other statistical resources.)

15. Required Order of Application Documents (must be submitted in the following order as one PDF document, with this Application Form as the first component of the document):

Pre-proposal Application: (Required Order)

DREAM Application Form

Pre-proposal Narrative and References

Full Proposal Application: (Required Order)

DREAM Application Form

Career Goals Statement

Full Proposal Project Narrative and References

A Copy of the Applicant's Current NIH Biosketch

A Copy of the Current NIH Biosketch for the HTC Mentor

A Copy of the Current NIH Biosketch for the Biostatistical Mentor (if applicable)

Letter of Support from the HTC Mentor

Letter of Support from the Biostatistical Mentor (if applicable)

Letter of Support from the Fellowship Program Director (for applicants who are fellows only)

Project Budget