



APPLICATION FOR
AMERICAN DERMATOLOGICAL ASSOCIATION
2016 RESIDENT RESEARCH AWARD

American Dermatological Association, Inc.
Attn: Julie Odessky , Executive Manager
P. O. Box 551301
Davie, FL 33355
Phone: 954-452-1113 Fax: 954-252-2093
Email: ameriderm1930@gmail.com

(Please print or type)

1. Project Title _____

2. Name of applicant _____

3. Current mailing address of applicant

Telephone: _____

Email: _____

4. ACGME Dermatology Residency program (Must be an ACGME accredited residency program) _____

5. Date of birth ___/___/___ I am a citizen of U.S. _____ Canada _____

6. Attach a copy of your CV highlighting up to 5 publications:

Complete all requirements and return application by May 9, 2016 to:
American Dermatological Association, Inc.
ameriderm1930@gmail.com

7. Name of advisor _____
Department/Laboratory _____
Medical School/Hospital _____
Address: _____

Telephone: _____ Email: _____
8. Name of department chairperson or division director: _____
Address: _____

9. Time period of reported investigation:
From _____ To _____
month, day, year month, day, year

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10. **Description of the investigation, study, or observation:** (Abstract should not exceed 500 words.)

Research must address one of the following subjects:

- ❖ **The integral nature of Dermatology in Medicine.**
- ❖ **Issues and matters leading to the marginalization of Dermatology.**

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11. Does this project involve human or animal subjects? ___ yes ___ no

If yes, provide the date and proof of IRB approval. _____

12. Are there any actual or potential commercial conflicts of interest?

___ Yes ___ No

If yes, please describe below and discuss the mitigation of your conflict in your presentation.

13. **Applicant's verification**

_____ I certify that, to the best of my knowledge, the submitted information relating to this application is true, correct, and reflects my work. I shall abide by the stated requirements and by the regulations of my parent institution regarding clinical and investigative studies.

_____ In the event that I am awarded the Resident research prize, I affirm that I have obtained permission to attend and present at the annual meeting of the American Dermatological Association in Santa Barbara, CA on October 19-23, 2016. [You will be expected to attend the entire meeting]

Applicant's Signature _____ Date: _____

Print full name _____

14. **Sponsor:** I have reviewed this ADA Dermatology resident/fellow research award application and have I agreed to serve as the applicant's sponsor.

Sponsor's Signature _____ Date: _____

Print full name _____

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15. **Department Chairperson/Division Director (if different):** I have reviewed this Dermatology resident/fellow research award application and I agree that the resident, if awarded, may attend the annual meeting of the American Dermatological Association in Santa Barbara, CA on October 19-23, 2016.

Department Chairperson's

Signature _____

Print full name _____ Date: _____

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