



## American Board of Psychiatry and Neurology, Inc.

A Member Board of the American Board of Medical Specialties (ABMS)

### Application: 2021-22 Recipients

#### Research Award

Please complete and return this application and the requested materials to the ABPN by **August 14, 2020**, to:

Chair, Research Award Committee  
American Board of Psychiatry and Neurology  
7 North Parkway  
Deerfield, IL 60015

Applications may also be emailed to: [djuul@abpn.com](mailto:djuul@abpn.com)

Name:

Title:

Institution:

Address:

Address:

City:

State:

Zip code:

Phone:

Fax:

E-mail address:

#### Applicant Information

1. Curriculum vitae
2. Personal statement (not to exceed 500 words) describing how the proposed project fits with and will advance your career goals

#### Project Proposal (not to exceed 2,500 words)

1. Project title
2. Executive summary (one paragraph)
3. Describe the objectives of the study and the research questions being addressed.
4. Project rationale: What important assessment issue(s) is/are addressed by the project? Why should this project be done? To what extent does the proposed project address the mission of the ABPN?
5. Describe the methods that will be used including data collection and analysis.
6. List key members of the research team and their qualifications/experience and role in the project (2-3 sentences/member).
7. Budget: Provide a description of and justification for how the funds will be allocated.

8. If appropriate, provide a statement that IRB exemption/approval will be obtained.
9. Timetable: Provide a timetable for completion of the project.

### **Letter(s) of Support**

1. Letter of support from department head or equivalent institutional authority guaranteeing that:
  - An adequate amount of the applicant's time will be devoted to the project and other institutional resources that are necessary to carry out the project will be provided
  - IRB exemption/approval will be obtained, if appropriate
  - The award will NOT be used for indirect costs. (The award is intended to cover salary, fringe benefits, and other costs.)
2. If appropriate, additional letter(s) of support from key collaborators and/or other institutional figures, e.g., key collaborators

The applicant should also read the COI/Disclosure Policies and Procedures for ABPN Award Applicants and complete the COI Disclosure/Attestation Form.

February 2020