



## Fellowship Training Award for Workforce Expansion

The mission of the Rheumatology Research Foundation is to advance research and training to improve the health of people with rheumatic disease.

The purpose of this workforce expansion award is to help ensure an adequate supply of rheumatology providers meeting the needs of children and adults with rheumatic diseases in all areas of the country, particularly those currently underserved. The *Fellowship Training Award for Workforce Expansion* may be used to support the salary of any fellow in an ACGME-accredited rheumatology fellowship training program, with priority given to high quality programs that have previously been unable to fill all of their ACGME-approved slots due to funding constraints.

**Award Amount:** \$50,000 per year

**Award Duration:** 2 years for adult training programs, 3 years for pediatric training programs

All applications must be submitted by 5:00 PM ET on the deadline day through WizeHive [https://app.wizehive.com/apps/fta\\_wf](https://app.wizehive.com/apps/fta_wf)

| Application Deadline |
|----------------------|
| May 1, 2018          |
| Notification         |
| August 31, 2018      |
| Award Term Begins    |
| July 1, 2019         |

## Guidelines

All award recipients must abide by Foundation Awards and Grants Policies at all times. A list of current policies is available at [www.rheumresearch.org](http://www.rheumresearch.org).

### Eligibility

- Eligible programs must provide assurance that funds will be used to fill an ACGME-approved slot that has previously gone unfilled
- Applicant (Program Director) must be an ACR or ARHP member at the time of submission and for the duration of the award
- Only Program Directors at ACGME-accredited institutions in good standing may apply
- The rheumatology fellowship training Program Director at the institution will be responsible for the overall direction, management and administration of the program
- By submitting an application, the Program Director and sponsoring institution agree funds will be used ONLY for salary support of one fellow in their first or second year (or third year fellow in pediatric rheumatology)
- Multiple applications from a single institution will not be permitted unless they are for separate training programs (e.g., adult and pediatric rheumatology)
- Programs may not apply for the Amgen Fellowship Training Award and Fellowship Training Award-Workforce Expansion within the same application cycle. Preference will be given to programs not supported by other fellowship training awards.
- Supported fellows do not need to be U.S. citizens or non-citizen nationals

**If you have questions about your eligibility, please inquire by email to [foundation@rheumatology.org](mailto:foundation@rheumatology.org) or 404-365-1373 before preparing your application.**

### Review Criteria

Applications will be reviewed based on all components of the proposal, including:

- Program is filling a previously unfilled slot
- Program serves an underserved area
- Academic and/or clinical quality
- Success in achieving the goals of the training program
- Relevance to the Foundation's mission
- Demonstrated financial need

All applications undergo rigorous peer review in their assigned study section, and are scored and ranked according to the review criteria and overall merit of the proposal. All study section recommendations are sent to the Foundation's Scientific Advisory Council for review before being presented to the Foundation's Board of Directors for final approval.

## Award Terms and Funding

This is a multi-year award. No trainee may be appointed for less than 12 months during the period of appointment. Upon receipt of this award, the institution will be asked to provide assurance that funds will be used to fill an ACGME-approved slot that has previously gone unfilled and the funds will be allocated to salary support of one fellow. Funding will not be released until the Foundation receives these documents.

Recipients will receive \$50,000 per year to support the salary and fringe benefits of one trainee. The award is paid directly to the sponsoring institution in two equal installments in July and January as outlined below. Other trainee costs are to be incurred by the recipient's institutional program.

|           | Year 1       | Year 2       | Year 3 (Peds Only) |
|-----------|--------------|--------------|--------------------|
| Payment 1 | July 2019    | July 2020    | July 2021          |
| Payment 2 | January 2020 | January 2021 | January 2022       |

At the close of the award term, the recipient must provide the Foundation with a final financial reconciliation. All unexpended funds must be returned to the Foundation.

Before starting the online application, please read the [Instructions for All Awards](#).

You will be asked to confirm your eligibility and provide contact information in this section. You will be asked to upload the Program Director's biosketch in NIH format (limited to 5 pages and should include any pending support).

### **Award History**

Please indicate which years your institution has received a Rheumatology Research Foundation Fellowship Training Award (including Paula de Merieux Fellowship Training Award) in the last 5 academic years. Please check all years that apply.

### **Type of Program**

Please indicate adult or pediatric program using the checkbox in the online application.

### **Award Amount**

This information is pre-populated in the online application to list the award start/end dates and the total award amount. No action is required here for the applicant.

### **Project Narrative (2-3 sentences)**

Briefly describe how your proposal is relevant to the Foundation's mission to improve the health of people with rheumatic disease. Specifically, please explain how your program addresses at least one of the following strategic plan areas:

- Increase patient access to care
- Develop future treatments and cures
- Demonstrate or improve the value of rheumatology care
- Expand the impact of rheumatology

In this section, be succinct and use plain language that can be understood by a lay audience. The Project Narrative is made public for all awarded grants and used by the Foundation for marketing efforts.

### **Program Description**

Describe the fellowship training program, including the following:

- a. Evidence that you are in a geographically underserved area (**limit 500 words**). Examples that may be referred to in this section include:
  - Proximity to next nearest training program
  - Number of practicing rheumatologists within a 50-mile radius
  - Catchment area, typical distance travelled by patients to see a rheumatologist.
  - Reference to [IDeA eligible states](#) (A list generated via the NIH's Institutional Development Award)
  - Reference to [HRSA shortage areas](#) (A list generated by the Health Resources and Services Administration)
- b. Goals of the training program and success in achieving those goals (**limit 500 words**)
- c. Description of program (**limit 1,250 words**) including:
  - Participating institutions
  - Patient population
  - Curriculum
  - Areas of strength
- d. Number of ACGME-approved training slots, number of slots entered into the NRMP match, fill rates for the past 5 years, and any plans for future growth/support (**limit 250 words**)

- e. Brief statement of financial need and the impact the award will have on the training program, as well as certification that the fellowship has an ACGME-approved slot that has gone unfilled due to lack of funding (**limit 250 words; there is no need to duplicate information here that you have included in the “fellowship positions questionnaire” at the end of this application.**)

List publications that include rheumatology fellows among the authors within the last five years. **Please bold each fellow’s name in the author listing.** Only include publications that resulted from work done during the fellowship, not as a resident or junior faculty member. Papers and abstracts should be separated.

Tables completed as part of an application to other funding agencies will be accepted (e.g., NIH T32).

**Download, complete and submit the Faculty Information Table for all faculty members who will have significant interaction with the fellows. See example of the table below.**

Tables completed as part of an application to other funding agencies will be accepted (e.g., NIH T32).

**Download, complete and submit the Fellow Graduates Table. See example of the table below.**

Tables completed as part of an application to other funding agencies will be accepted (e.g., NIH T32).

**Download, complete and submit the Fellowship Positions Questionnaire. See example of the questionnaire below.**

The division chief, department chair, or equivalent institutional official must provide written assurance of the following:

- The quality of the training program
- Clear support for the program, Program Director and trainees

- Means of funding remaining salary (how the remaining funding for the trainee will be covered in the award cycle)

Additional documents which support the application may be uploaded. Limit 10 pages. Means of funding and population information should NOT be in appendix.

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- Program Director Biosketch
  - Publications List
  - Faculty Information Table
  - Fellow Graduates Table
  - Fellowship Positions Questionnaire
  - Letter of Institutional Support
  - Additional Uploads (optional)

**Faculty Information Table**

Please use the template below and add/delete rows as needed. Include a detailed description of each faculty member's involvement in the training program and their specific contributions. Tables completed as part of an application to other funding agencies will be accepted (e.g., NIH T32).

| <b>Full name with credentials</b> | <b>Role in training program</b> | <b>Description of involvement</b> |
|-----------------------------------|---------------------------------|-----------------------------------|
| 1.                                |                                 |                                   |
| 2.                                |                                 |                                   |
| 3.                                |                                 |                                   |
| 4.                                |                                 |                                   |
| 5.                                |                                 |                                   |
| 6.                                |                                 |                                   |



**Fellow Graduates Table**

Provide the requested information on fellow graduates from the last five years. Please use the template below and add/delete rows as needed. Tables completed as part of an application to other funding agencies will be accepted (e.g., NIH T32).

DETAILS

| Fellow's full name with credentials | Career choice and current location  | Years in training program | <u>Rheumatology ABIM</u> status  | First time pass? (Yes/No) |
|-------------------------------------|---|---------------------------|--|---------------------------|
| 1. Joseph A. Fellow, MPH, MD        | Rheumatology (Adult or Peds) and Clinical Immunology, University of Florida | 2012-2014                 | Rheum. Boards 2014/ Did Not Pass Rheum. Boards 2014 / Passed Certified 2015/Expires 2025 | No                        |
| 2.                                  |   |                           |  |                           |
| 3.                                  |   |                           |  |                           |
| 4.                                  |   |                           |  |                           |
| 5.                                  |   |                           |  |                           |
| 6.                                  |   |                           |  |                           |
| 7.                                  |   |                           |  |                           |
| 8.                                  |   |                           |  |                           |

## Fellowship Positions Questionnaire

Please use the template below

| Question  | Number                |
|---|-----------------------|
| How many total ACGME-accredited fellowship positions do you have (whether filled/funded or not)?  |                       |
| How many total fellows did you have in ACGME-accredited slots in your program last year (2016-2017)?  |                       |
| How many total fellows in ACGME-accredited slots do you have in your program this year (2017-2018)?   |                       |
| If you have not filled all of your ACGME-accredited fellowship positions in the last one or two years, was this due to lack of funding? (as opposed to having a slot reserved for a research fellow, for example) |                       |
| This upcoming year (2018-2019), how will you be funding your fellows in ACGME-accredited slots? (Indicate percentage of funding from each mechanism below).   | Percentage of Funding |
| Hospital, VA, University  |                       |
| Internal discretionary funds  |                       |
| Philanthropy  |                       |
| Pharma  |                       |
| Rheumatology Research Foundation  |                       |
| T32   |                       |
| Other (provide details)   |                       |
|   | Number                |
| If you <b>do</b> receive this RRF fellowship training award, how many fellows in total do you project you will have for 2019 - 2020?  |                       |
| Comments (optional):  |                       |