



# Rheumatology Research Foundation

Advancing Treatment | Finding Cures

## Mentored Nurse Practitioner/Physician Assistant 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 diseases.

The purpose of the Mentored Nurse Practitioner/Physician Assistant (NP/PA) Award for Workforce Expansion is to increase the supply of rheumatology healthcare providers to better meet the needs of people with rheumatic diseases across the United States, particularly in geographically underserved areas. This award provides resources and the framework of knowledge, skills, and attitudes needed by NP/PAs, new to rheumatology, to facilitate their integration into a rheumatology practice under the supervision of a rheumatologist.

This award is intended to support clinical training activities and is not meant to support research projects. A list of award requirements is listed on page 2.

**Award Amount:** \$25,000

**Award Duration:** One Year

**Application Deadline:** March 1, 2020

### Guidelines

All award recipients must abide by Foundation [Awards and Grants Policies](#) at all times.

#### Eligibility

- Eligible applicant (“Mentor”) must be a board-certified rheumatologist employed in clinical rheumatology practice. The NP or PA does not have to be identified at the time of application but must be identified at the time of award contract. Eligible NP/PA must be new to the field of rheumatology (employed in a rheumatology practice setting for fewer than 18 months).
- Mentor must meet citizenship and other eligibility requirements as outlined in the Awards and Grants policies.
- Mentor must be an ACR member at the time of submission and for the duration of the award.
- Mentor is eligible to receive the award multiple times; however, the mentor must work with a new NP or PA each time. The mentor may have only one active NP/PA award at a time.

- NP or PA must be a graduate from a program accredited by either the Commission on Collegiate Nursing Education (CCNE) or the Accreditation Review Commission on Education for the Physician Assistant.
- NP or PA must have current state licensure.
- NP or PA must have national Board certification by one or more of the following:
  - American Nurses Credentialing Center
  - American Academy of Nurse Practitioners
  - Pediatric Nursing Certification Board
  - National Certification Corporation
  - National Commission on Certification of Physician Assistants
- NP or PA must be an ARP member for the duration of the award.

### **Award Requirements**

The NP/PA is expected to meet the competencies outlined in the [ACR/ARP Nurse Practitioner/Physician Assistant Rheumatology Curriculum Outline](#) by the end of a 12-month training period. Required activities to help achieve this include **(In order access the curriculum, you must log-in with your ACR/ARP online account)**:

- Completion of the **Advanced Rheumatology Online Course**.
- Attendance at a minimum of two face-to-face rheumatology-focused regional or national conferences (e.g. State-of-the-Art Clinical Symposium, CME Meetings and/or State Society Meetings), one of which must be the ACR/ARP Annual Scientific Meeting.
- Attendance at a Joint Injection Workshop, MSK Exam Workshop and/or two Meet the Professor sessions at the ACR/ARP Annual Scientific Meeting.

The mentor is expected to:

- Participate in ARP-hosted mentorship webinars
- Complete progress and final reports as outlined below

### **Review Criteria**

Each application will be reviewed and ranked based on the following criteria:

- Quality of training/clinical environment
- Quality of training plan
- Quality of recruitment plan (if applicable)
- Mentor commitment to training NP/PA
- Potential to increase the rheumatology workforce, particularly in underserved areas.

## Award Terms and Funding

Recipients will be allowed to delay start of the award up to 6 months until they have identified and hired (if applicable) an eligible NP or PA. Specific starting and ending dates should be provided by the applicant with the understanding that the total time commitment for training activities must total 12 months.

The recipient must provide the Foundation with a progress report identifying accomplishments towards the aims of the proposal at the conclusion of the first six months. This report will include components for both the mentor and the NP/PA to complete. Failure to submit required reports by the deadline may result in penalties, including funding delays and/or award cancellation.

At the close of the award term, the recipient must provide the Foundation with a final report describing completion of award requirements, any additional accomplishments, and the final financial reconciliation.

The applicant must present a detailed budget not to exceed \$25,000 in direct costs. Funds may be used for the following:

- Conference fees for rheumatology-specific conferences such as the ACR/ARP Annual Scientific Meeting, ACR State of the Art or Pediatric Rheumatology Symposium.
- Travel costs to rheumatology-specific conferences
- ARP and/or other professional society membership fees
- Educational tools, including:
  - **Advanced Rheumatology Online Course**
  - Textbooks
  - Online journal access
- Salary support for the mentor and/or NP/PA (to ensure protected time for “on-the-job” training)

## Application Instructions

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

## Applicant Information

You will be asked to confirm your eligibility and provide contact information in this section. In addition to the applicant information requested, you will be asked to upload the applicant/mentor’s [biosketch](#) or curriculum vitae (a template has been provided if needed).

If an NP/PA has already been identified, you will be asked to provide that individual’s contact information and biosketch or curriculum vitae (A template has been provided if needed). If the NP/PA has not been identified at the time of application, you will be required to provide this information prior to receiving an award contract and payment.

## Project Information

### Award Details and Logistics

You will be asked to provide details on the following:

- Proposed start and end date
- Practice/Institution where clinical training will take place
- Will this award be used to train an NP or a PA?
- Will this award be used in an adult or pediatric practice or both?

### Project Proposal

Provide a project proposal addressing the following points (5 page limit):

- Description of clinical environment. Examples that may be referred to in this section may include:
  - Description of patient population such as demographics and diagnoses seen in office, number of unique patients seen annually, and total number of annual “new” and “return” patient visits. Use of a table is acceptable.
  - Description of physical environment (e.g. Community practice or academic center? Infusion center? Lab/x-ray onsite? Etc.).
  - Other staff in office who would contribute to the NP/PA’s training.
  - Other trainees (e.g. students, residents, fellows) in the training environment, if applicable, and how both the mentor and NP/PA will interact with these individuals. Evidence that the mentor and practice have adequate time, resources, and patient volume to support all of the trainees in the practice environment.
  - Interest in and capacity to keep NP/PA employed in the practice after completion of training.
  - Other support systems within your healthcare environment to facilitate the professional development of the NP/PA (i.e. advanced practice counsels/committees).
  - Areas of clinical strength.
- Description of training plan:
  - Description of clinical and training activities planned for the 12-month training period, including how specific clinical and procedural skills will be taught.

- A block diagram of a typical week in the practice, with clinical time and dedicated teaching/mentoring time indicated.
- Description of geographic location. Evidence that your practice is in a geographically underserved area may be included here, if applicable. Examples that may be referred to in this section include:
  - Number of practicing rheumatologists within a 50-mile radius or a ratio of providers to potential patients.
  - Catchment area, typical distance and time 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).
- If an NP/PA has not yet been identified for this award, please delineate your recruitment plan for this candidate in order to have him/her hired within 6 months of receipt of the award.

## Mentor Statement

The role of the mentor is to facilitate on-the-job training, provide resources, as well as giving constructive feedback and guidance in professional development for the NP/PA. The mentor will help the NP/PA stay on track with regard to training and meeting the competencies outlined in the [ACR/ARP Nurse Practitioner/Physician Assistant Rheumatology Curriculum Outline](#) (In order access the curriculum, you must log-in with your ACR/ARP online account).

The participating NP/PA may have more than one mentor; however, the primary mentor (applicant) must be a Board-certified rheumatologist and a fellow member of the ACR. A multi-disciplinary team of mentors may include other physicians, nurse practitioners, physician assistants, or nurses.

The mentor should provide a statement (2 page limit) that includes:

- Details of prior experience as a mentor
- Description of how the mentor will provide mentoring to the NP/PA and promote rheumatology as a career path
- Percent of total weekly work effort/time the mentor will devote to training the NP/PA.
- The role any additional mentors may play

**Proposed Budget**

Use the budget template provided below and submit a budget with budget justification for up to \$25,000. **In the budget justification, please indicate what fraction (percent effort) of the mentor’s total salary and NP/PA’s total salary will be supported by this award.**

**Nurse Practitioner/Physician Assistant Award for Workforce Expansion Budget**

**Start Date:**

**End Date:**

Nurse Practitioner/Physician Assistant Award for Workforce Expansion	Totals
<b>Salary</b>	\$
<b>Conference Registration Fees</b> <i>Add names of individual conferences</i>	\$
<b>Travel</b> <i>Include amounts for hotel, airfare and incidentals per meeting</i>	\$
<b>Membership Fees</b> <i>List each organization separately</i>	\$
<b>Educational Costs</b> <i>List separately</i>	\$
<b>TOTAL AMOUNT REQUESTED</b> <i>Not to exceed \$25,000</i>	\$

**Budget Justification:**

## Checklist of Uploads

*Use this for reference when finalizing application materials.  
Please double check all documents prior to upload. You will be able to  
view and print your application once it has been submitted, as well as  
download the attachments for viewing.*

- Mentor/Applicant Biosketch or CV ([NIH Format](#))
- NP/PA Biosketch or CV ([NIH Format](#)) if Available
- Project Proposal
- Mentor Statement
- Proposed Budget and Justification

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**MENTOR CURRICULUM VITAE**

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**NAME:**

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**CURRENT POSITION:**

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**EDUCATION/TRAINING** *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

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INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY

**A. Employment History**

**B. Board Certification**

**C. Membership in Professional Societies**

**D. Prior Mentorship Experience**

**E. Honors and Awards (if applicable)**

**F. Publications (if applicable)**

**G. Oral Presentations- Continuing Medical Education, Local, Regional or National Meetings (if applicable)**



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**NURSE PRACTITIONER/PHYSICIAN'S ASSISTANT CURRICULUM VITAE**

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**NAME:**

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**CURRENT POSITION:**

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**EDUCATION/TRAINING** *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

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INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	Completion Date MM/YYYY	FIELD OF STUDY

**A. Employment History**

**B. Licensure**

**C. Board Certification**

**D. Membership in Professional Societies**

**E. Honors and Awards *(if applicable)***

**F. Publications *(if applicable)***

**G. Oral Presentations (Continuing Medical Education, Local, Regional or National Meetings) *(if applicable)***