

## APPLICATION FOR CLINICAL SCIENTIST AWARD FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

[Log In](#) to update an existing application.

Please review the "Instructions to Applicants" for National Kidney Foundation Clinical Scientist Awards before completing this application.

### Applicant Name

First Name:

Last Name:

Middle:

Email:

### Membership

Are you a dues-paying professional member of the National Kidney Foundation?  Y  N

### Subject Matter of Proposed Research

Please describe in the space provided below, the relevance of the proposed research project to the research agenda of the NKF, explaining, if appropriate, the specific research recommendation(s) from the KDOQI Clinical Practice Guidelines that the proposal addresses. (A complete listing of KDOQI research recommendations is available on the [NKF website](#), as is the "NKF Research and Training Agenda, 2004-9.")

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## APPLICATION FOR CLINICAL SCIENTIST AWARD FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

TITLE OF RESEARCH PROJECT  
(Do not exceed 56 characters, including spaces and punctuation.)

Highest Degree:

Present Mailing Address (Street):

City:

State:

Zip:

Permanent Mailing Address (Street):

City:

State:

Zip:

Office Telephone # (Area Code, No. and Ext.):

Home Telephone # (Area Code & No.):

Permanent Telephone # (Area Code and No.):

Fax #:

U.S. Citizenship or Visa Status:

PRIOR AND/OR CURRENT NKF SUPPORT (Individual or Program):  Yes  No

DATES OF PROPOSED AWARD (From):  (mm/dd/yyyy)

DATES OF PROPOSED AWARD (Thru):  (mm/dd/yyyy)

Proposed Award Duration (in Months):

Human Subjects:  Yes  No

Research Exempt:  Yes  No

If yes, Exemption #

Human Subjects Assurance Number (if study involves human subjects):

NIH-DEFINED PHASE III CLINICAL TRIAL:  Yes  No

VERTEBRATE ANIMALS:  Yes  No

ANIMAL WELFARE ASSURANCE NO (if animal studies):

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**APPLICATION FOR CLINICAL SCIENTIST AWARD FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

Name of Proposed Sponsoring Institution:

Address Line 1:

Address Line 2 (if applicable):

City:

State:

Zip:

Department, Service, Laboratory, or Equivalent:

Major Subdivision:

Entity Tax Identification Num:

NAME OF OFFICIAL IN BUSINESS OFFICE:

Phone:

Street Address:

Address Line 2 (if applicable):

City:

State:

Zip:

Email:

Department/Division in which work will be conducted:

DEPARTMENT/DIVISION Head:

Phone:

Street Address:

Address Line 2 (if applicable):

City:

State:

Zip:

Email:

**OTHER PROFESSIONAL PERSONNEL ASSOCIATED WITH THE PROJECT**  
(List name, degree and position of each professional associated with the project and indicate their capacity, e.g. Collaborating Investigator, Research Assistant, etc.)

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## APPLICATION FOR CLINICAL SCIENTIST AWARD FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

SIGNATURES AND ASSURANCES INDICATE BELOW RELEVANT INSTITUTIONAL ASSURANCES  
(Attach copies of relevant documents.)

Biohazards  Yes  No

Date Approved:  (mm/dd/yyyy)

Radioisotopes  Yes  No

Date Approved:  (mm/dd/yyyy)

Human Tissue  Yes  No

Date Approved:  (mm/dd/yyyy)

Human Subjects  Yes  No

Date Approved:  (mm/dd/yyyy)

Animal Subjects  Yes  No

Date Approved:  (mm/dd/yyyy)

Is Institution Accredited by AAALAC?  Yes  No

Effective Date :  (mm/dd/yyyy)

Does Institution have current PHS Animal Welfare Assurance?  Yes  No

ID Number:

The individuals signing below attest that:

- a) research funded pursuant to this application will be conducted as described herein and
- and
- b) that institutional resources will be made available, as specified, to pursue this investigation. They agree to follow the terms and comply with the policies for the research funding mechanism for which funding is sought.

Applicant's signature:

Date:  (mm/dd/yyyy)

Department/Division Head's signature:

Date:  (mm/dd/yyyy)

Name and title of Fiscal Officer:  (name)

(title)

Fiscal Officer's Signature:

Date:  (mm/dd/yyyy)

Sponsor's Signature (if applicable):

Date:  (mm/dd/yyyy)

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**APPLICATION FOR CLINICAL SCIENTIST AWARD FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

**FACILITIES:** Indicate the facilities available for the applicant's use and briefly indicate their capacities, relative proximity and extent of availability for applicant's use. Use "other" to describe the facilities at any alternate or secondary research sites or field study sites pertinent to the applicant's research.

Laboratory space:

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Major Equipment  
(pertinent to project):

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Clinical Facilities:

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Animal Resources:

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Computer Capabilities:

Office Space:

**Other** (Provide any other information describing the environment for the project. Identify Support services such as consultants, secretaries, etc., that are pertinent to the applicant's research and their availability to the applicant):

**DEPARTMENT CHAIRMAN'S LETTER OF COMMITMENT**

Each applicant for a National Kidney Foundation Fellowship should attach a letter of support from his/her Sponsor and a statement from their Division Director.

Applicants for National Kidney Foundation Clinical Scientist Awards should attach a letter of commitment from the chairman of their department.

Click the "Browse" button to find the appropriate file on your computer. Clicking "Save and Continue" will upload the file. The filename CANNOT exceed 100 characters!

Department Chairperson's Letter:

**APPLICATION FOR CLINICAL SCIENTIST AWARD FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

**APPLICANT BIOSKETCH (name of applicant):**

First Name:

Last Name:

Middle:

**APPLICANT'S EDUCATION**

DEGREE:

MONTH/YEAR:

FIELD:

INSTITUTION:

MENTOR:

DEGREE:

MONTH/YEAR:

FIELD:

INSTITUTION:

MENTOR:

DEGREE:

MONTH/YEAR:

FIELD:

INSTITUTION:

MENTOR:

**APPLICANT'S TRAINING/EMPLOYMENT (AFTER COLLEGE)**

ACTIVITY/OCCUPATION:

BEGINNING DATE:

ENDING DATE: Present  Present

FIELD:

INSTITUTION/COMPANY:

SUPERVISOR/EMPLOYER:

ACTIVITY/OCCUPATION:

BEGINNING DATE:

ENDING DATE: Present  Present

FIELD:

INSTITUTION/COMPANY:

SUPERVISOR/EMPLOYER:

ACTIVITY/OCCUPATION:

BEGINNING DATE:

ENDING DATE: Present  Present

FIELD:

INSTITUTION/COMPANY:

SUPERVISOR/EMPLOYER:

**PRIOR AND/OR CURRENT RESEARCH SUPPORT.**

List type (individual and/or institutional), dates, and grant or award numbers. Explaining budgetary and/or scientific overlap with the proposed NKF Clinical Scientist Award and the relationship between the project proposed in this application and any other current research awards.

**ACADEMIC AND PROFESSIONAL HONORS.**

Include all scholarships, traineeships, fellowships, and development awards. Indicate source of awards (NSF, Woodrow Wilson, etc.), dates, and grant or award numbers. List current professional societies, if applicable.

TITLE(S) OF  
THESIS/DISSERTATION(S)

NAME OF DISSERTATION  
ADVISOR OR CHIEF OF  
SERVICE

Advisor's TITLE:

Advisor's DEPARTMENT:

Advisor's INSTITUTION:

**APPLICATION FOR CONCURRENT SUPPORT**

Yes  No

List all pending support (training, research, supplies, travel, etc.) that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.

Type:

Source:

Amount:

Type:

Source:

Amount:

Type:

Source:

Amount:

Type:

Source:

Amount:

Type:

Source:

Amount:

From:

To:

From:

To:

From:

To:

From:

To:

From:

To:

Explain any potential budgetary and/or scientific overlap with the proposed NKF Clinical Scientist Award and the relationship between the project proposed in this application and any other application for research support.

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**APPLICATION FOR CLINICAL SCIENTIST AWARD FROM THE NATIONAL KIDNEY FOUNDATION (NKF)****RESEARCH EXPERIENCE**

a. Summary:

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b. Doctoral Dissertation:

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c. Publications (published, accepted, submitted, or in preparation):

**TIME COMMITMENT**

Approximate percentage of proposed award time in activities identified below.

<b>Year</b>	<b>Research</b>	<b>Course Work</b>	<b>Teaching</b>	<b>Clinical</b>
<b>First</b>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<b>Second</b>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
<b>Third</b>	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

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## **APPLICATION FOR CLINICAL SCIENTIST AWARD FROM THE NATIONAL KIDNEY FOUNDATION (NKF)**

### **PART I: RESEARCH PROPOSAL:**

Attach pages describing research proposal in the format prescribed in the instructions to applicants for the clinical scientist award and conforming to the following page restrictions.

Please note the following page limitations and observe the page limitations for each section of the research proposal as described in the Instructions to Applicants.

Click the "Browse" button to find the appropriate file on your computer. Clicking "Save and Continue" will upload the file.

National Kidney Foundation Clinical Scientist Award ( limit 15 pages).



## APPLICATION FOR CLINICAL SCIENTIST AWARD FROM THE NATIONAL KIDNEY FOUNDATION (NKF)

### REFERENCES

Please list names and addresses of persons who are familiar with your scientific interests and abilities on this page. Then, **download the following form**, and ask them to use it to submit references.

[Reference Form](#) - Self-Extracting Zip format

Send all materials to: [research@kidney.org](mailto:research@kidney.org)

Three references should be submitted by applicants for Clinical Scientist Awards. These letters are in addition to the Department Chairman's Letter of Commitment.

Full Name (First, Middle, Last):

Title:

Institution:

Department:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

Full Name (First, Middle, Last):

Title:

Institution:

Department:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

Full Name (First, Middle, Last):

Title:

Institution:

Department:

Address:

City:

State:

Zip:

Telephone:

Fax:

Email:

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