

CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM[©]

The American Kidney Fund (AKF) is pleased to invite applicants for its Clinical Scientist in Nephrology (CSN) Program for academic year 2017-2018. The goal of the CSN Program is to improve the quality of care provided to kidney patients and to promote clinical research in nephrology. This goal is achieved by enhancing the training and education of nephrologists who desire to pursue an academic career and whose primary professional commitment is to scholarship in the provision of patient care. Awardees conduct prevention and outcomes research and receive advanced education in essential skills such as medical ethics, biostatistics and epidemiology.

The American Kidney Fund

The American Kidney Fund fights kidney disease through direct financial support to patients in need, health education and prevention efforts. It leads the nation in charitable assistance to dialysis patients. The Clinical Scientist in Nephrology Program was established in 1988 as a direct extension of the AKF's mission to improve the quality of care of patients with kidney disease.

The Program

A Clinical Scientist in Nephrology fellowship may be granted yearly based on program funding. The maximum duration of each fellowship is two years. Second year funding is not automatic and is dependent on approval of the first year progress report. The maximum level of funding is \$80,000 per year and shall be used principally to support the candidate and his/her career development. This sum is expected to cover the individual fellow's salary (which will follow NIH Guidelines according to the post-graduate year plus comparable fringe benefits at the institution, not to exceed \$50,000) as well as training-related expenses. These may include expenditures for enrollment in academic courses, computer hardware and software, and support for research, clerical supplies, and travel expenses (maximum of \$2,000 per year) as required by the plan of studies and justified in the budget outlined in the application. The American Kidney Fund will not provide support for institutional overhead expenses, patient care costs, excessive lab expenses and will typically not fund expenditures for technical or clerical personnel. Any monies remaining at the end of the first year will be applied to the second year, if approved. Any monies remaining at the end of the second year must be returned to AKF.

Successful candidates will identify an area of knowledge broadly applicable to Clinical Nephrology

in which they will develop expertise and conduct research resulting in publication in a peer-reviewed journal. Such areas of study will be primarily in the non-biological sciences and will include disciplines in public health and preventive medicine, in the humanities, and in the social and behavioral sciences. Examples are Ethics, Health Services, Health Policy and Administration, Medical Decision Science, Epidemiology, Biostatistics, Economics, Philosophy, Anthropology and Sociology. AKF will give special consideration to projects relating to clinical ethics, quality of care and quality of life. We encourage the exploration of new fields of study that bear on the improvement of clinical care in nephrology.

The Candidate

Acceptable candidates for Clinical Scientist in Nephrology Program are individuals who:

- have completed a residency in Internal Medicine or Pediatric Medicine
- are qualified to sit for the American Board of Internal Medicine or Pediatric Medicine
- are in the process of completing or have completed at least one year of training in Clinical Nephrology in an accredited U.S. program
- can demonstrate an aptitude for and a commitment to developing special expertise in an area of knowledge applicable to Clinical Nephrology
- intend to pursue a professional career with emphasis on the provision of care to patients with kidney disease, preferably within the confines of an academic medical center where they will be exposed to continued learning and teaching
- can secure the support of their training program in the pursuit of these goals

Clinical Scientist in Nephrology fellowships are not intended as a fellowship-to-faculty transitional award. Preference will be given to applicants in their first or second year of fellowship. If you have already completed 3 or more years of a nephrology fellowship, please contact the AKF (education@kidneyfund.org) to clarify your eligibility prior to applying. Faculty members or individuals who will be receiving other funding are not eligible.

All recipients of the fellowship are required to present their research findings to the AKF Board of Trustees during their training as Clinical Scientists. In addition, they will participate in AKF/CSN-related activities during their fellowship and continue to engage with

AKF upon their fellowship completion. Fellowship recipients will also agree that any publications (e.g., journal articles, abstracts, presentations, posters, etc.) or interviews arising from research conducted during their tenure as an AKF fellow will state that they were supported by a grant from the American Kidney Fund Clinical Scientist in Nephrology Program. Copies of publications or interviews will also be forwarded to AKF for use in organizational publications or announcements.

The Training Institution

The institution must operate an accredited training program in nephrology or pediatric nephrology. Successful sponsoring institutions will be those that have access to comprehensive clinical and research facilities, and where a well-developed scholarly environment exists. The director of the program must certify the candidate's credentials, capabilities and program of study adhere to the following criteria:

- CSN fellow devotes 100% of their time to the fellowship.
- Continued exposure of the Clinical Scientist to the clinical practice of nephrology in a scholarly environment is considered part of this fellowship experience. Ongoing clinical exposure should take up at least half a day but not more than one day per week for the duration of the fellowship
- A collaborative effort with faculty members at the same or other institutions who can offer reasonable guarantees of availability and dedication to the training of the Clinical Scientist in their specific area of study. One of these faculty members (the Preceptor) will accept primary responsibility for the overall supervision of this component of the fellowship. The overall strength of the application will depend critically on the nature of the collaboration and supervision provided by the Preceptor responsible for instruction of the candidate in the clinical research area of study
- An assurance that the appropriate supervision will be provided to maintain the quality of training, and that yearly progress reports detailing the Clinical Scientist's performance in the clinical and research areas will be submitted to the institution's Quality Control Committee and to the American Kidney Fund.
- Any salary or fringe benefits that exceed the cap of \$50,000/year are to be covered by the fellow's institution.

The Application Process

Candidates will submit the completed application

form, available from the American Kidney Fund. This will contain a statement of intent by the candidate, detailing the plan of studies, the area of research, and an overall career plan and expectations; a statement of support from the Director of the Division of Nephrology, as well as a statement about the relevance of clinical research to the division and the institution, and a list of current clinical research projects and their principal investigators; a statement from the Preceptor who will supervise the training of the candidate in the chosen area of study; and a biosketch for the candidate and the candidate's mentor. Three additional letters of support are required, including one from the Chairman of Medicine or the Program Director of the Residency Program in Internal Medicine or Pediatrics where the candidate trained. Only one application from pediatrics and one from adult medicine from each program will be accepted. **Completed applications must be received by December 1, 2016. These can be emailed to education@kidneyfund.org or mailed using the address below.**

Timeframe

The above documents must reach the American Kidney Fund **on or before December 1, 2016**. The AKF Selection Committee will review all applications and proceed to a preliminary ranking in January 2017. The top candidates will be interviewed in January and the successful candidate(s) will be notified in February 2017. If awarded, funding will begin July 1, 2017 and go through June 30, 2018. All inquiries regarding the fellowship should be directed to the Education department at education@kidneyfund.org.

Successful candidates seeking to continue their fellowship for a second year of training to begin July 1, 2018 must submit evidence in report form by **April 1, 2018** that their plan of study is proceeding according to the goals outlined in their application and is consistent with the overall mission of the American Kidney Fund. It is also required that the report be accompanied by a detailed letter of support from the candidate's nephrology mentor commenting on the candidate's progress and a budget reconciliation. A final report is also required after the fellowship has been completed. This report should include a budget reconciliation for both years.

Application Procedure

Eligible candidates may submit their application to:

Education Department
American Kidney Fund
11921 Rockville Pike, Suite 300
Rockville, MD 20852
education@kidneyfund.org

CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM

APPLICATION FOR ACADEMIC YEAR 2017-2018

FORM A

MAIL TO:
EDUCATION DEPARTMENT
AMERICAN KIDNEY FUND
11921 ROCKVILLE PIKE, SUITE 300
ROCKVILLE, MD 20852

CANDIDATE - Please attach a copy of your NIH Biosketch

Name _____

Home Address _____

Business Address _____

Telephone _____ (B) _____ (H)

E-Mail _____ Fax _____

Birthdate _____ Citizenship _____

Renal Fellowships (current and previous)	Institution	Dates
_____	_____	Start (mm/yy) ____/____ End ____/____
_____	_____	Start (mm/yy) ____/____ End ____/____

Signature _____

DIRECTOR OF NEPHROLOGY PROGRAM

Name _____

Academic Title _____

Business Address _____

Telephone _____

CLINICAL RESEARCH MENTOR

Name _____

Academic Title _____

Business Address _____

Telephone _____

PERSONAL STATEMENT – Please include a personal statement, of **no more than two (2) pages**, including the following:

- I. State year of current renal fellowship and expected date of completion
 - a. If the expected date of completion is before the two years of funding is complete please contact the AKF *prior* to submitting the application to determine eligibility.
- II. Describe your educational history and current professional goals and how they match the goals of AKF
- III. Describe your intended course of study
- IV. Describe how you would expect your selection as an AKF Clinical Scientist in Nephrology fellow to influence your career path
- V. Describe how you intend to distribute your total effort on the following activities:
 - A. Patient Care
 - B. Research
 1. Primary project
 2. Other projects
 - C. Course of Study – Field of Interest
 1. Formal course work
 2. Time with preceptor
 3. Independent study
- VI. Describe your relationship to your preceptor

PROPOSED RESEARCH PROJECT – Briefly describe your proposed project in **three (3) pages or less**, excluding citations (no appendices allowed). Be sure to include the following:

- I. Project Title
- II. Specific aims
- III. Background justifying the proposed study
- IV. Methods
 - A. Study population
 - B. Variables to be studied
 - C. Outcome(s)
 - D. Statistical approach
 - E. Sample size or power calculation
- V. Limitations
- VI. Expected start and end dates for the study
 - a. Should the study date extend beyond the funding timeframe, please clarify plans for continuation

Note: Applications that exceed the page limits or include appendices will not be reviewed

REFERENCES

List below the names and addresses of three individuals who can provide the American Kidney Fund with information regarding your personal and professional qualifications pertinent to this application. One of these individuals must be either the Chairman or the Director of the Internal Medicine or Pediatric Medicine Residency Program that you completed before beginning your subspecialty training in nephrology. Please have your three references mail or email their recommendations to the American Kidney Fund.

Name _____ Academic Title _____

Business Address _____

Email Address _____ Telephone _____

Name _____ Academic Title _____

Business Address _____

Email Address _____ Telephone _____

Name _____ Academic Title _____

Business Address _____

Email Address _____ Telephone _____

Clinical Scientist in Nephrology Application

CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM
APPLICATION FOR ACADEMIC YEAR 2017-2018

CONSENT FORM FOR RELEASE OF INFORMATION

In making this application to become an American Kidney Fund Clinical Scholar, I recognize my right under the "Family Educational Right and Privacy Act," Section 368 of the "General Education Provisions Act" 20 U.S.C. §1232g initially adopted by Section 513 of P.L. 93-380 dates August 21, 1974 and amended by P.L. 93-568 dated December 13, 1974. This statute as amended provides that information which could personally identify me may not be released except as this consent implies. I therefore agree that the AKF Selection Committee and their designee(s) are hereby authorized to release personally identifiable information from this application and in the course of my tenure as an American Kidney Fund Clinical Scholar, to the American Kidney Fund and to other organizations conducting studies for, or on behalf of, educational agencies or institutions for the purpose of administering or improving the American Kidney Fund Clinical Scientist in Nephrology Program or for improving the general weal. I shall expect the information which may be made available to the public (as itemized above) to be maintained in a separate file available to my inspection on demand. Such file shall contain a dated list of organizations or individuals to whom this information has been released.

SIGNATURE

DATE

CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM

APPLICATION FOR ACADEMIC YEAR 2017-2018

CONFIDENTIAL REFERENCE REPORT

INSTITUTIONAL ASSURANCE

FORM B

TO THE APPLICANT

This section is to be completed **by the applicant** before it is presented to the Director of the Division of Nephrology.

Name: _____

TO THE DIRECTOR OF THE DIVISION OF NEPHROLOGY

The above-named applicant to the American Kidney Fund Clinical Scientist in Nephrology Program has named you as his/her main reference. We ask your cooperation in responding **promptly**. All replies **must be received on or before December 1, 2016** and will be held in strict confidence. The completed form is not to be returned to the applicant, but mailed or e-mailed to:

MAIL TO:
EDUCATION DEPARTMENT
AMERICAN KIDNEY FUND
11921 ROCKVILLE PIKE, SUITE 300
ROCKVILLE, MD 20852
education@kidneyfund.org

DIRECTOR’S LETTER

Please indicate in the space below the period of time you have known the applicant, and in what capacity.

From _____ To _____

Relationship to Applicant _____

- In your letter please elaborate on the applicant’s performance on the basis of which you arrived at your assessment. If possible, please cite some specific illustration of the applicant’s performance.
- Elaborate on how the applicant will continue to progress during the time of participation in the American Kidney Fund Clinical Scientist in Nephrology Program. Please be specific regarding your own role in the training of the applicant and expand on the relevance of the intended field of study for the Clinical Scientist in Nephrology Program.
- Please describe the available facilities and faculty support within the nephrology fellowship program.
- Please describe how the fellow will be supported to pursue his/her research activities if not chosen for this award.
- Please describe the relevance of clinical research to your division and the institution, and provide a list of current clinical research projects and their principle investigators.
- Please give your opinion on the candidate’s likelihood of success as a faculty member.

SIGNATURE OF REFERENCE

PRINT NAME

DATE

TITLE

INSTITUTION

TELEPHONE NUMBER

MAIL TO:
EDUCATION DEPARTMENT
AMERICAN KIDNEY FUND
11921 ROCKVILLE PIKE, SUITE 300
ROCKVILLE, MD 20852
education@kidneyfund.org

CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM

APPLICATION FOR ACADEMIC YEAR 2017-2018

CONFIDENTIAL REFERENCE REPORT

PRECEPTOR STATEMENT

FORM C

TO THE APPLICANT This section is to be completed **by the applicant** before presenting to the Preceptor who will supervise the clinical research component of the program of study.

Name: _____

TO THE PRECEPTOR

The above-named applicant to the American Kidney Fund Clinical Scientist in Nephrology Program has named you as his/her reference for the clinical research mentor field of study. We ask your cooperation in responding **promptly**. All replies **must be received on or before December 1, 2016** and will be held in strict confidence. This section of the application is of crucial importance. Granting of the fellowship will depend critically upon the evidence provided here that the plan of study is sound, that it is in keeping with the overall goals of the American Kidney Fund as outlined in the announcement, and in that the candidate will be closely followed and supervised by a dedicated mentor in performing the research project. The completed form is not to be returned to the applicant, but mailed or e-mailed to:

MAIL TO:

EDUCATION DEPARTMENT
AMERICAN KIDNEY FUND
11921 ROCKVILLE PIKE, SUITE 300
ROCKVILLE, MD 20852
education@kidneyfund.org

PRECEPTOR'S LETTER

Please indicate in the space below the period of time you have known the applicant, and in what capacity.

From _____ To _____

Relationship with Applicant _____

- Please describe the available facilities and faculty supervision relative to the applicant's field of study.
- Elaborate on how the applicant will continue to progress during the time of participation in the American Kidney Fund Clinical Scientist in Nephrology Program. Please be specific regarding your own role in the training of the applicant and expand on the relevance of the intended field of study for the Clinical Scientist in Nephrology Program.
- Please list funded projects and funding source for the past three years

Project Title	Funding Source	Dates
_____	_____	From ____ To ____
_____	_____	From ____ To ____
_____	_____	From ____ To ____

- **Please append a copy of your four-page biosketch (NIH format).**

SIGNATURE OF REFERENCE

PRINT NAME

DATE

TITLE

INSTITUTION

TELEPHONE NUMBER

CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM

APPLICATION FOR ACADEMIC YEAR 2017-2018

BUDGET PROPOSAL

FORM D

This form is to be completed jointly by a representative of the Division of Nephrology and the person responsible for the clinical research area of study. Please indicate in the space below the institution or department which will be responsible for administering the financial aspect of the American Kidney Fund Clinical Scientist in Nephrology Program.

Applicant's Name _____ Institution _____
Contact and Title _____ Telephone _____

Please outline the expected annual budget for the applicant.

FIRST YEAR BUDGET – Please provide a budget justification page

Applicant's Salary Including Benefits – first year of fellowship \$ _____
(Must correspond to AKF's guidelines [not to exceed \$50,000] – see program description)

Please itemize your request for additional monies

1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
5	_____	\$ _____
6	_____	\$ _____
	Total:	\$ _____

SECOND YEAR BUDGET – Please provide a budget justification page

Applicant's Salary Including Benefits – second year of fellowship \$ _____
(Must correspond to AKF's guidelines [not to exceed \$50,000] – see program description)

Please itemize your request for additional monies

1	_____	\$ _____
2	_____	\$ _____
3	_____	\$ _____
4	_____	\$ _____
5	_____	\$ _____
6	_____	\$ _____
	Total:	\$ _____

MAIL TO:

EDUCATION DEPARTMENT
AMERICAN KIDNEY FUND
11921 ROCKVILLE PIKE, SUITE 300
ROCKVILLE, MD 20852
education@kidneyfund.org

**PLEASE NOTE
THIS FORM REQUIRES TWO SIGNATURES**

SIGNATURE OF REFERENCE
(DIRECTOR)

PRINT NAME

DATE

TITLE

INSTITUTION

TELEPHONE NUMBER

SIGNATURE OF REFERENCE
(PRECEPTOR)

PRINT NAME

DATE

TITLE

INSTITUTION

TELEPHONE NUMBER