



CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM[©]

The American Kidney Fund (AKF) is pleased to invite applications for its Clinical Scientist in Nephrology (CSN) Program for academic year 2010-2011. 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 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 training in essential skills such as medical ethics, biostatistics and epidemiology.

The American Kidney Fund

The American Kidney Fund is a national voluntary health organization providing direct financial assistance, educational programs and research grants for the benefit of kidney patients, their families and their caregivers in all 50 states. The Clinical Scientist in Nephrology Program was established in 1988 as a direct extension of 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. The maximum duration of each fellowship is two years. 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 \$1,500 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 usually not fund expenditures for technical or clerical personnel.

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

The Clinical Scientist in Nephrology Program is restricted to U.S. citizens and permanent residents ("green card" holders) of the U.S. 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
- cannot receive additional research funding.

Clinical Scientist in Nephrology fellowships are not intended for faculty members, or as a fellowship-to-faculty transitional award. Preference will be given to applicants in their first or second year of fellowship. It is expected that all recipients of the fellowship will make a presentation on their research to the AKF Board of Trustees during their one or two years of training as Clinical Scientists. In addition, they will participate in AKF/CSN-related activities

during their fellowship and remain available to act as a resource upon 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 and capabilities and develop a program of studies that will include:

- Continued exposure of the Clinical Scientist to the clinical practice of nephrology in a scholarly environment. This 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.

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 bio-sketch for all main parties involved in the plan of studies. 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 each program will be accepted. **Originals are required by December 1, 2009.**

Timeframe

The above documents must reach the American Kidney Fund **on or before December 1, 2009**. The AKF Selection Committee will review all applications and proceed to a preliminary ranking in *January 2010*. The top candidates will be interviewed in *January* and the successful candidate(s) will be notified in *February 2010*. If awarded, funding will begin July 1, 2010 and go through June 30, 2011.

Successful candidates seeking to continue their fellowship for a second year of training to begin July 1, 2011 must submit evidence in report form by *April 1, 2011* 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. A final report is also required after the fellowship has been completed.

Application Procedure

Eligible candidates may submit their application to:

Jennifer St. Clair Russell, MEd, CHES
Director, Public & Professional Education Division
American Kidney Fund
6110 Executive Boulevard, Suite 1010
Rockville, MD 20852
1-800-638-8299
jrussell@kidneyfund.org

**AMERICAN KIDNEY FUND
CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM**

APPLICATION FOR ACADEMIC YEAR 2010-2011

FORM A

Mail to: Jennifer St. Clair Russell
American Kidney Fund
6110 Executive Boulevard
Suite 1010
Rockville, MD 20852

CANDIDATE

Name _____

Home Address _____

Business Address _____

Telephone _____ (B) _____ (H)

E-Mail _____ Fax _____

Birthdate _____ Citizenship _____

Signature _____

DIRECTOR OF NEPHROLOGY PROGRAM

Name _____

Academic Title _____

Business Address _____

Telephone _____

CLINICAL RESEARCH MENTOR

Name _____

Academic Title _____

Business Address _____

Telephone _____

EDUCATION

Undergraduate Education (in chronological order)

<u>Institution</u>	<u>Location</u>	<u>Dates</u>	<u>Degree</u>
_____	_____	From____ To____	_____
_____	_____	From____ To____	_____

Non-Medical Graduate or Professional Education

_____	_____	From____ To____	_____
_____	_____	From____ To____	_____

Medical School Education

- 1) _____
- 2) _____

Dates attended: From _____ To_____ Date graduated: _____

Graduate Medical Education

	<u>Dates</u>	<u>Institution</u>	<u>Location</u>	<u>Specialty</u>
PG-1	From____ To____	_____	_____	_____
PG-2	From____ To____	_____	_____	_____
PG-3	From____ To____	_____	_____	_____
PG-4	From____ To____	_____	_____	_____

Please append a list of your Publications- if none, state none
(Separate articles from abstracts, and provide inclusive page numbers)

Please list all Fellowships you have held

<u>Name of Fellowship</u>	<u>Institution</u>	<u>Dates</u>
_____	_____	Start____ End____
_____	_____	Start____ End____

Please list Awards, Honors, or Scholarships you have received

<u>Name of Award</u>	<u>Award Citation</u>	<u>Institution</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list your Previous Research Experience
(Check as applicable)

<u>Position</u>	<u>High School</u>	<u>College</u>	<u>Medical School</u>	<u>Other</u>	<u>Number of Months</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please list Academic Appointments

<u>Title</u>	<u>Institution</u>	<u>Dates</u>
_____	_____	From _____ To _____
_____	_____	From _____ To _____
_____	_____	From _____ To _____

Please list Voluntary Services or other relevant experiences

<u>Name of Program</u>	<u>Location</u>	<u>Dates</u>	<u>Duties</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

- I. Describe your educational history and current professional goals and how they match the goals of AKF
- II. Describe your intended course of study
- III. What is the expected date of completion of your current renal fellowship
- 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. Be sure to include the following:

- I. Specific aims
- II. Background justifying the proposed study
- III. Methods
 - A. Study population
 - B. Variables to be studied
 - C. Outcome(s)
 - D. Statistical approach
 - E. Sample size or power calculation
- IV. Limitations
- V. Expected start and end dates for the study

Note: Applications that exceed the page limits 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 their recommendations to the American Kidney Fund.

Name _____
Academic Title _____
Business Address _____
Telephone _____

Name _____
Academic Title _____
Business Address _____
Telephone _____

Name _____
Academic Title _____
Business Address _____
Telephone _____

AMERICAN KIDNEY FUND
CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM
APPLICATION FOR ACADEMIC YEAR 2010-2011

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

AMERICAN KIDNEY FUND
CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM
APPLICATION FOR ACADEMIC YEAR 2010-2011

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, 2009** and will be held in strict confidence. The completed form is not to be returned to the applicant, but mailed to:

Mail to: Jennifer St. Clair Russell
American Kidney Fund
6110 Executive Boulevard
Suite 1010
Rockville, MD 20852

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 rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.

	Outstanding		Excellent		Fair		Poor				N/A
	Highest						Lowest				
	100%- 90%		80%-70%		60%-50%		40%-25%				
Industry/perseverance	10	9	8	7	6	5	4	3	2	1	N/A
Motivation/initiative	10	9	8	7	6	5	4	3	2	1	N/A
Maturity	10	9	8	7	6	5	4	3	2	1	N/A
Clinical ability	10	9	8	7	6	5	4	3	2	1	N/A
Interpersonal facility with peers/ patients	10	9	8	7	6	5	4	3	2	1	N/A
Research	10	9	8	7	6	5	4	3	2	1	N/A
Judgment/critical sense	10	9	8	7	6	5	4	3	2	1	N/A
Intellectual ability	10	9	8	7	6	5	4	3	2	1	N/A
Originality	10	9	8	7	6	5	4	3	2	1	N/A
Leadership capacity	10	9	8	7	6	5	4	3	2	1	N/A
Ability to communicate (written & spoken)	10	9	8	7	6	5	4	3	2	1	N/A
Overall Evaluation	10	9	8	7	6	5	4	3	2	1	N/A

DIRECTOR'S LETTER

- 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.
- **Please append a copy of your 2-page bio-sketch (NIH format).**

Signature of Reference

Print Name

Date

Title

Institution

Telephone Number

Mail to: Jennifer St. Clair Russell
American Kidney Fund
6110 Executive Boulevard
Suite 1010
Rockville, MD 20852

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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, 2009** 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 dedicate mentor in performing the research project. The completed form is not to be returned to the applicant, but mailed to:

Mail to: Jennifer St. Clair Russell
American Kidney Fund
6110 Executive Boulevard
Suite 1010
Rockville, MD 20852

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 rate the applicant by circling the appropriate number which most nearly represents your opinion of the applicant in comparison with a representative group of individuals you have known who have had approximately the same training and experience.

	Outstanding		Excellent		Fair		Poor				N/A
	Highest						Lowest				
	100%- 90%		80%-70%		60%-50%		40%-25%				
Industry/perseverance	10	9	8	7	6	5	4	3	2	1	N/A
Motivation/initiative	10	9	8	7	6	5	4	3	2	1	N/A
Maturity	10	9	8	7	6	5	4	3	2	1	N/A
Clinical ability	10	9	8	7	6	5	4	3	2	1	N/A
Interpersonal facility with peers/ patients	10	9	8	7	6	5	4	3	2	1	N/A
Research	10	9	8	7	6	5	4	3	2	1	N/A
Judgment/critical sense	10	9	8	7	6	5	4	3	2	1	N/A
Intellectual ability	10	9	8	7	6	5	4	3	2	1	N/A
Originality	10	9	8	7	6	5	4	3	2	1	N/A
Leadership capacity	10	9	8	7	6	5	4	3	2	1	N/A
Ability to communicate (written & spoken)	10	9	8	7	6	5	4	3	2	1	N/A
Overall Evaluation	10	9	8	7	6	5	4	3	2	1	N/A

PRECEPTOR'S LETTER

- 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

<u>Project Title</u>	<u>Funding Source</u>	<u>Dates</u>
_____	_____	From _____ To _____
_____	_____	From _____ To _____
_____	_____	From _____ To _____

- **Please append a copy of your 2-page bio-sketch (NIH format).**

Signature of Reference

Print Name

Date

Title

Institution

Telephone Number

AMERICAN KIDNEY FUND
CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM
APPLICATION FOR ACADEMIC YEAR 2010-2011

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 _____

Title and Telephone Number _____

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—see program description)

Please itemize your request for additional monies

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

Second Year Budget — Please provide a budget justification page
Applicant's Salary Including Benefits—First year of fellowship \$ _____
(Must correspond to AKF's guidelines—see program description)

Please itemize your request for additional monies

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

Mail to: Jennifer St. Clair Russell
American Kidney Fund
6110 Executive Boulevard
Suite 1010
Rockville, MD 20852

**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