Clinical Scientist in Nephrology Fellowship

2023 Application
The American Kidney Fund (AKF) is pleased to invite applicants for its Clinical Scientist in Nephrology (CSN) Fellowship for academic year 2023. The goal of the CSN Program is to improve the quality of care provided to patients with kidney diseases 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 pursue advanced training in areas such as medical ethics, health services, health policy, biostatistics and epidemiology.

The American Kidney Fund

The American Kidney Fund fights kidney disease on all fronts as the nation’s leading kidney nonprofit. AKF works on behalf of the 37 million Americans living with kidney disease, and the millions more at risk, with an unmatched scope of programs that support people wherever they are in their fight against kidney disease—from prevention through transplant. 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 diseases. Potential candidates and mentors can view the entire history of CSN fellows and their projects on the AKF website.

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. The second year of funding is not automatic and is dependent on approval of the first year’s 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 National Institute of Health guidelines according to the post-graduate year plus comparable fringe benefits at the institution, not to exceed $55,000) as well as training-related expenses. These may include expenditures for enrollment in academic courses, books, computer hardware and software, and support for research 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. AKF will not provide support for institutional overhead expenses, patient care costs, excessive lab expenses, or expenditures for technical and/or clerical personnel. Any funds remaining at the end of the first year will be applied to the second year, if approved. Any funds 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, humanities, and in social and behavioral sciences. Examples are bioethics, biostatistics, epidemiology, health economics, health policy and administration, health services research, medical decision science, and patient oriented research. 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 the Clinical Scientist in Nephrology Fellowship are individuals who:

• Have completed a residency in internal medicine or pediatrics
• Are qualified to sit for the American Board of Internal Medicine or Pediatrics
• 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 independent research, and the provision of care to patients with kidney diseases, 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

The Clinical Scientist in Nephrology Fellowship is 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 questions regarding your eligibility, please contact AKF (ProfessionalEducation@KidneyFund.org) prior to applying. First-time applicants are strongly encouraged to contact AKF should they have questions regarding their eligibility, research, or other aspects of the application. Faculty members or individuals who will be receiving other funding are not eligible. All recipients of the fellowship are required to present their final research findings to the AKF Board of Trustees at the conclusion of their training as Clinical Scientists. Recipients will also be required to complete progress reports, ad-hoc reports and other communications throughout the duration of their fellowship. In addition, they will participate in AKF/CSN-related activities during their fellowship and continue to engage with AKF upon the completion of their 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 chief/head 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 Primary Mentor) 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 Primary Mentor 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 $55,000/year are to be covered by the fellow’s institution.

Only one application from pediatrics and one from adult medicine from each program will be accepted. If you have any questions about the application process,
especially if you are a first-time applicant, please contact the Professional Education Department at ProfessionalEducation@KidneyFund.org. Completed applications must be received via email by December 19, 2022. Please email to: ProfessionalEducation@KidneyFund.org.

The Application Process
Candidates will submit the completed application to the American Kidney Fund. This should 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 chief/head of the Division of Nephrology.
• A statement about the relevance of clinical research to the division and the institution.
• A list of current clinical research projects and their principal investigators.
• A statement from the Mentor(s) who will supervise the training of the candidate in the chosen area of study.
• A biosketch for the candidate and the candidate's Mentor(s).
• Three additional letters of support are also required, including one from the nephrology fellowship program director.

Timeframe
The above documents must reach the American Kidney Fund on or before December 19, 2022. The AKF CSN Selection Committee will review all applications and proceed to a preliminary ranking no later than January 2023. The top candidates will be invited to interview in no later than February 28, 2023 and successful candidates will be notified in February 2023. If awarded, the first year's funding will begin July 1, 2023 and proceed through June 30, 2024. All inquiries regarding the fellowship should be directed to the Professional Education Department at ProfessionalEducation@KidneyFund.org.

Successful candidates seeking to continue their fellowship for a second year to begin July 1, 2024 must submit evidence in report form by April 1, 2024. The progress report should detail 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 Primary Mentor commenting on the candidate's progress and a budget reconciliation. A presentation to the Board of Trustees and a final report is also required after the fellowship has been completed. The final report should include a budget reconciliation for both years.

Application Procedure
Eligible candidates must electronically submit their application via email to:

ProfessionalEducation@KidneyFund.org
FORM A

CANDIDATE - Please attach a copy of your NIH Biosketch

Name ______________________________________________________________________________________________________________________________________

Home Address ______________________________________________________________________________________________________________________________

Business Address ___________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________________

Telephone Number (B) _____________________________________________________ (H) _____________________________________________________________

Email Address ____________________________________________________________ Fax _____________________________________________________________

Birthdate _________________________________________________________________ Citizenship ______________________________________________________

Renal Fellowships (current and previous)

Institution Dates (mm/yy)

_____________________________________________________________________________________ Start ________ / ________ End ________ / ________

_____________________________________________________________________________________ Start ________ / ________ End ________ / ________

Signature ____________________________________________________________________________________________

CHIEF/HEAD OF NEPHROLOGY PROGRAM

Name ______________________________________________________________________________________________________________________________________

Academic Title ______________________________________________________________________________________________________________________________

Business Address ___________________________________________________________________________________________________________________________

Telephone Number __________________________________________________________________________________________________________________________

Email Address ______________________________________________________________________________________________________________________________

CLINICAL RESEARCH MENTOR

Name _________________________________________________________________________________________________________________________________

Academic Title ______________________________________________________________________________________________________________________________

Business Address ___________________________________________________________________________________________________________________________

Telephone Number __________________________________________________________________________________________________________________________

Email Address ______________________________________________________________________________________________________________________________
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 (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 Mentor
      3. Independent study

VI. Describe your relationship to your Mentor

VII. Provide 2–3 sentences summarizing your proposed project in layman's terms

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 (Should the study date extend beyond the funding timeframe, please clarify plans for continuation.)

VII. Possible next steps and future direction of the project

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 the nephrology fellowship Program Director. Please have your three references mail or e-mail their recommendations to the American Kidney Fund.

Name

Academic Title

Business Address

Telephone Number

Email Address

Name

Academic Title

Business Address

Telephone Number

Email Address

Name

Academic Title

Business Address

Telephone Number

Email Address
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 __________________________
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 Chief/Head of the Division of Nephrology.

Name: ______________________________________________________________________________________________________________________________________

TO THE CHIEF/HEAD 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 19, 2022 and will be held in strict confidence. The completed form is not to be returned to the applicant, but emailed to: ProfessionalEducation@KidneyFund.org
LETTER FROM CHIEF/HEAD OF DIVISION OF NEPHROLOGY

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

__________________________________________
Title

__________________________________________
Institution

__________________________________________
Telephone Number

__________________________________________
Email Address

__________________________________________
Date

Email to: ProfessionalEducation@KidneyFund.org
Clinical Scientist in Nephrology Fellowship
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CONFIDENTIAL REFERENCE REPORT STATEMENT FROM MENTOR(S)
FORM C

TO THE APPLICANT

This section is to be completed by the applicant before presenting to the Mentor who will supervise the clinical research component of the program of study.

Name: ______________________________________________________________________________________________________________________________________

TO THE MENTOR(S)

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 19, 2022 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 emailed to: ProfessionalEducation@KidneyFund.org
MENTOR(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 ________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________________________________

• 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

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Funding Source</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________</td>
<td>__________________</td>
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<td>__________________</td>
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</tr>
</tbody>
</table>

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

Signature of Reference

Print Name

Title

Institution

Telephone Number

Email Address

Date

Email to:
ProfessionalEducation@KidneyFund.org
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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 Number __________________________________________________________________________________________________________________________

Email Address___________________________________________________________________________________________________________________________

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 $55,000] – 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 $55,000] – see program description)

$ __________________

Please itemize your request for additional monies

1. ________________________________________________________________________________________________________________ $ ____________

2. ________________________________________________________________________________________________________________ $ ____________

3. ________________________________________________________________________________________________________________ $ ____________

4. ________________________________________________________________________________________________________________ $ ____________

5. ________________________________________________________________________________________________________________ $ ____________

6. ________________________________________________________________________________________________________________ $ ____________

Total: $ __________________

Email to: ProfessionalEducation@KidneyFund.org

PLEASE NOTE THIS FORM REQUIRES TWO SIGNATURES

Signature of Reference (CHIEF/HEAD OF DIVISION)

Print Name

Title

Institution

Telephone Number

Email Address

Date

Signature of Reference (MENTOR)

Print Name

Title

Institution

Telephone Number

Email Address

Date