

Instructions:

- ◆ Complete all sections of this report, as directed.
 - ◆ Obtain the signature of your Dermatology Division Chief or Department Chair on page 3.
 - ◆ Send the Final Research Report **with original signatures** to the Foundation office **no later than 30 days following completion of your award period**. Upon receipt of your research report and the financial report, your final award payment will be scheduled for disbursement. **Funds will not be distributed beyond one year of the award termination date.**
 - ◆ Questions regarding this report can be directed to (847) 328-2256 or dfrac@dermatologyfoundation.org.
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1. **Research Award Recipient:** _____

2. **Academic Affiliation:** _____

3. **Title:** _____

4. **Current Mailing Address:** _____

5. **Current E-mail Address:** _____

6. **Title of Research Project:** _____

7. **Research Award Period:** _____ Start / / End / /

8. **Institution Where Research was Performed:** _____

9. **Mentor:** _____

10. **Award Amount:** _____

11. Briefly, give a short statement of your future career plans, and whether they will be in academics or in the clinical practice of medicine.

12. List your articles, chapters and abstracts that have resulted from this project. Indicate published, in press, submitted or presented. Separate abstracts, presentations, reviews and peer-reviewed articles. Attach copies.

13. Briefly state the aims and objectives of the project. Comment on the evolution of the project and how/why modifications were made. Was any major current dogma contradicted or changed?

14. In language directed to a sophisticated lay or clinical dermatologic audience, attach a summary of the results and conclusions of your research project. We would be most interested in an honest analysis of:

- ◆ What was learned?
- ◆ What type of intellectual growth or maturity occurred as a consequence of the project?
- ◆ How can this experience benefit those who follow?
- ◆ Suggestions for other researchers, i.e. what mistakes were made?

Please include a short paragraph that summarizes the present and potential significance to the field of dermatology. Do not exceed one page.

Research Certification:

I hereby certify the clinical duties of _____ during his/her
(award recipient)

_____ research award period were limited to not more than **50%**.
(award year)

(Signature of Dermatology Chief/Chair)

(Date)

(Please print name of Dermatology Chief/Chair)

07/09