

## Research Report Dermatologist Investigator Research Fellowship

## Instructions:

- Complete all sections of this report as directed, including item 14 in a separate document.
- Obtain the signature of your Dermatology Division Chief or Department Chair on the final page.
- Send the Research Report to the Foundation via email to dfrap@dermatologyfoundation.org **no** later than 60 days following completion of your award period.
- To confirm that you have met the reporting requirement for your award, you will receive a return email confirmation from the DF. If you do not receive this confirmation email, this please contact the office at 847-328-2256 or dfrap@dermatologyfoundation.org.
- Upon receipt of your Research Report and the Financial Report, your final award payment will be scheduled for disbursement. Please note, funds will not be distributed beyond one year of the award termination date.

1.	Research Award Recipient:				
	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:					

ublished, in	cles, chapters n press, submi peer-reviewed	itted or prese	ented. Separ	ate abstracts	

13. Briefly state the aims and objectives of the proproject and how/why modifications were made contradicted or changed?	
14. In language directed to a sophisticated lay or of summary of the results and conclusions of you interested in an honest analysis of:	
<ul> <li>What was learned?</li> <li>What type of intellectual growth or maturity of the How can this experience benefit those who it.</li> <li>Suggestions for other researchers, i.e. what</li> </ul>	follow?
Please include a short paragraph that summarizes the field of dermatology. Do not exceed one page	
Research Certification:	
hereby certify that  (Award Recipient) research during his/her research award per  (Award Year)	devoted 75% or more of his/her time to cutaneous
(Signature of Dermatology Chief/Chair)	(Date)
(Please print name of Dermatology Chief/Chair)	