

## Instructions:

- This report is to be completed at the end of third and final year of award funding.
- Complete all sections of this report as directed, including item 13 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.	<b>Research Award Recipient:</b>			
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.	Award Amount:			

10. 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.

11. 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?

12. Please share with the DF how this award has impacted your career (up to 100 words).

13. In language directed to a sophisticated lay or clinical dermatologic audience, provide a one-page summary of the results and conclusions of your research project. Please be certain to include the following:

- A. What you learned?
- B. What clinical developments resulted from the project?
- C. A short paragraph that summarizes the present and potential significance to the field of dermatology.

## **Research Certification:**

I hereby certify that proposed in his/her award application.

completed the project as

(Signature of Dermatology Chief/Chair)

(Date)

(Please print name of Dermatology Chief/Chair)