Name of Applicant:  Last Name	First Name	Middle Degree(s)
Institution:		
Title of Research Project:		
(Do not exceed 100 chara	acters, including spaces and punctuation.)	

## I. Application Category & Subcategory:

The Dermatology Foundation seeks to categorize all research applications received for program review and planning purposes. Please review the Basic, Clinical, and Surgical sub-categories provided below and select **up to three options** that most closely reflect the content area of your proposal.

Category/Subcategory 1:		
Category/Subcategory 2:		
Category/Subcategory 3:		

## **II. Required Application Materials:**

Assemble and submit the following items, in the order presented, for your application package.

**DRSA Application Checklist** 

- 1. DRSA Application
- 2. IRB Approval (if needed for your project)
- 3. Letter of Good Standing & Certification
- 4. Letter of Support from Applicant's Chair
- Applicant CV
- 6. Medical Student CV
- 7. Short Project Summary
- 8. 8" x 10" Black and White Photo (REQUIRED)

**III. Submission Instructions:** Contact the DF at <a href="DFRAP@dermatologyfoundation.org">DFRAP@dermatologyfoundation.org</a> to request your individual, secure link to the DF Dropbox. All materials must be uploaded by 11:59 PM CST on the due date (e.g. April 1 or October 1).