



Department Chair's Comments of Support

Date: [insert date]
To: Medical and Scientific Committee
From: [insert your name]
Re: [insert applicant's name]
Award: [insert award category]

Instructions: *This form must be completed by the Dermatology Department/Division Chair/Chief for all career development award and fellowship applicants.* Please be sure to respond to each question **thoroughly**. Keep in mind, the applicant's potential to contribute to dermatology, mentor, training environment, and the institution's support of the applicant are key criteria in the DF's application review process.

1. Provide an outline of a plan* defining the department's commitment to the applicant, including:
 - a. a description of the training environment and the supervision that will be provided,
 - b. additional funds that are committed to support the applicant and their research,
 - c. other departmental commitments and resources that will be devoted to supporting the applicant, including, but not limited to, salary, protected time, personnel, and space allocations, and
 - d. the qualifications of the mentor for the development of the applicant's career.

**For Career Development Award applications, the plan should cover 2 years.*

2. Describe future funding plans for the applicant.



3. Identify the importance of the project and the award to the applicant and the institution, including how this project will lead to future research proposals and the professional development of the applicant.
4. Describe the dermatology department/division's track record in obtaining NIH funding, including the number of award recipients and awards received.
5. Describe any additional plans for the candidate's career development that are not identified in prior sections (e.g., applicant's likelihood for success).
6. *If the applicant is requesting renewal of a career development award for a second or third year*, describe the institutional support the individual has received in the last year.
7. Provide other comments of support below that you believe the committee needs to consider in evaluating this applicant's research proposal.
8. The applicant's position at the time of funding (i.e., July 1) will be (select one):
 - a. _____ Assistant Professor
 - b. _____ Instructor
 - c. _____ Postdoctoral fellow on a training grant
 - d. _____ Other (Please specify) _____



9. Please complete all certifications that apply.

a. For all CDA and Fellowship Applications and Renewals:

I certify _____
(Name of applicant)

will have the protected time to complete the proposed project.

Signature of Department Chair/Chief

Date

b. For Fellowship Applicants in a 4-year Residency Program:

I certify _____
(Name of applicant)

will utilize DF funding during the lab/research year of his/her residency.

Signature of Department Chair/Chief

Date

c. For all CDA Applicants:

Please certify that the applicant meets the DF's eligibility requirement regarding federal funding by selecting all options that apply below (a–c).

I certify _____
(Name of applicant)

is a "new investigator" as defined by the NIH, and...

a. ____ **IS NOT** a prior or current PI on a federal grant

b. ____ **HAS effort on an NIH grant but**: 1. is **NOT the senior PI** who initiated the application, 2. **DOES NOT HAVE** reporting responsibilities for this or other federal awards, and 3. has total support from all federal grants that is **less than 20% of their effort** during the term of the DF award.

c. ____ **IS** the recipient of an NIH training grant.

Signature of Department Chair/Chief

Date