American Cancer Society

Doctoral Training Grant in Oncology Social Work Renewal

Grant Application

Date Submitted: 10/15/2015

Proposal Type:

If renewal, current grant:

Resubmission? No | Comm Code: SW

1st or 2nd:

TITLE OF PROJECT *(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)*

Enter a title here, then press Save.

APPLICANT NAME

HIGHEST DEGREE(S)

POSITION TITLE:

ACADEMIC RANK: doctoral student

DIVISION:

DEPARTMENT:

E-MAIL ADDRESS:

Tel: Fax:

APPLICANT'S CURRENT INSTITUTION

MAILING ADDRESS *(Street, city, state, postal code, country)*

PROGRAM ELIGIBILITY INFORMATION: *(Responses to selected fields displayed below. For some grant programs this section may be blank.)*

U.S. Citizenship:	6. Health Professional Training Grants in C	

DATES OF PROPOSED PROJECT *(MM/DD/YYYY)*

From 7/1/2016 Through 6/30/2018

PROPOSED BUDGET

40000.00

Name

Address

Tel: Fax:

EIN

DUNS

SIGNING OFFICIAL FOR

Name

Title

Address

Tel: Fax:

E-MAIL ADDRESS

HUMAN SUBJECTS ☐ No ☐ Yes

Human Subjects Assurance No. NA

IRB Status:

IRB Date:

VERTEBRATE ANIMALS ☐ No ☐ Yes

Animal welfare assurance no. NA

IACUC Status:

IACUC Date:

ASSURANCE OF THOSE SIGNING THIS APPLICATION: I certify that the statements in this Application that pertain to me and my Institution are true, complete, and accurate to the best of my knowledge, and that I have provided all information required by this Application. I am aware that false, fictitious, or fraudulent statements or claims may result in criminal, civil, or administrative penalties. I agree that I will (and the Signing Official further represents that the institution will) comply with all Grant Policies of the Society, including reporting requirements, to the extent applicable. I understand that a failure to comply with such Policies, or the the terms of the Application, or any additional terms associated with a Grant, may result in the Society suspending or cancelling Grant funding, to be decided by the Society at its sole discretion. The Applicant certifies, and the Signing Official certifies that the Institution has verified, that the Applicant is eligible to work in the United States of America for the period of the award.

SIGNATURE OF APPLICANT (In ink. "Per" signature not acceptable)	DATE	SIGNATURE OF DEPARTMENT HEAD (In ink. "Per" signature not acceptable)	DATE
SIGNATURE OF PRECEPTOR (In ink. "Per" signature not acceptable)	DATE	SIGNATURE OF SIGNING OFFICIAL (In ink. "Per" signature not acceptable)	DATE

SAMPLE

Applicant:

Application Contacts

Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			
Role				Role			
Name				Name			
Institution				Institution			
Title				Title			
Division				Division			
Dept				Dept			
Address				Address			
Tel:		Fax:		Tel:		Fax:	
E-mail				E-mail			

SAMPLE

GENERAL AUDIENCE SUMMARY

APPLICANT NAME	DATE SUBMITTED 10/15/2015
TITLE OF PROJECT *(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)* Enter a title here, then press Save.	

This General Audience Summary will become public information; therefore, do not include proprietary/confidential information.

SAMPLE

TECHNICAL ABSTRACT

APPLICANT NAME	DATE SUBMITTED 10/15/2015
TITLE OF PROJECT *(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)* Enter a title here, then press Save.	

SAMPLE

TABLE OF CONTENTS

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Transcripts

SAMPLE

REPLY TO PREVIOUS REVIEWS (resubmissions only)

SAMPLE

PART I

A. Candidate Information

Current GPA	
Date applicant began in program	
Expected graduation date	
Degree to be awarded and specialty	

Course Work	credits / hours / units *(please specify one)*	% of total program completed
Minimum required for the doctoral degree		
Minimum registration for full-time doctoral students		
Completed prior to September 1, 2015		
To be completed September 2015 – August 2016		

Preceptor / Dissertation Chair
If the preceptor has changed or the dissertation chair has been chosen since the initial application, please name and include a biographical sketch in Part II. Note: the person named here should also complete **Part II.**

Program – Preceptor Information.

Name and Title	
Address	
Phone:	Fax:
Email:	

Please indicate if you are receiving financial assistance for your doctoral education.

Funding Agency Amount Dates of Assistance

SAMPLE

B. BIOGRAPHICAL INFORMATION

Professional Education: Please indicate **a.** continuing education relevant to oncology social work or focus for doctoral study; and **b.** any relevant specialty certification(s) and certifying organization.

a. Continuing Education Date Number of CEUs/hours

_____Total Hours

b. Certification/Organization Dates Effective

SAMPLE

Membership in Professional Organizations

Dates	Organization	Offices Held/Committee Memberships

Volunteer Activities (with the American Cancer Society or other community organizations*)*

Dates	Organization	Activity/Frequency

SAMPLE

PROFESSIONAL CONTRIBUTIONS: List your most significant contributions in the space provided. Specify audience as local, state, regional, national or international.

a. Presentations:

Date	Title	Location *(e.g., title of conference and sponsoring organization)*	Audience

b. Publications (List full citation for all in preparation, submitted, in press, or published.):

c. Research:

Date	Title of Research and PI	Role	Outcomes

d. Other: (development of standards, teaching tools, videos, etc.; list dates)

Date	Title

SAMPLE

C. DISSERTATION PROGRAM ACTIVITIES

SAMPLE

D. COURSEWORK Update the plan of the courses you previously projected to fulfill your degree requirements by adding grades and the outcomes for completed courses (*see the example on the first line.)* **If this was a change from your projected course of study, indicate with an asterisk (*) and <u>explain the reason</u> for the change on the line below.** *[Use continuation pages as needed (you may also delete the example from your document).]*

Semester & Year	Course Number and Title	Credit Hours	Grade Earned	Brief Description of Course Content	Outcome
EXAMPLE: *Spring 2013*	*SW602: Research for Social Work Practice I*	*3*	*A*	*Epistemological and methodological considerations for both quantitative and qualitative research for social work practice.*	*Outcome examples: core knowledge, experience in research skill; abstract or paper submitted; grant or portion written*

SAMPLE

E. PROGRAM PROGRESSION TIME LINE Complete all parts, even if some dates are to be determined. Applicants submitting Research Plan 2 must explain if some dates are approximate. NOTE: If academic requirements specific to your program are not included, they may be added to the table.

Program Phase	**Completion date given in original application**	**If applicable, revised completion date *and* explanation of change**	**If completed, actual date of completion**
Course Work			
Preliminary Exam and/or Qualifying Exam			
Proposal Defense or Colloquium			
Admitted to Candidacy			
IRB Proposal Approval for Dissertation Research A. Academic Institution B. Data Collection Site(s) *(Include all sites)*			
Data Collection			
Data Analysis			
Dissertation Defense			
Final Filing With Graduate Office/Graduation Release			

SAMPLE

F. RESEARCH PLAN (Check One) PART 1 _____ or PART 2 _____

Note: headings provided in Instructions must be used.

SAMPLE

PART II. PROGRAM - PRECEPTOR INFORMATION

To be completed by the preceptor **/dissertation chair. See Instructions.**

A. Update the original training plan for the candidate with any additional educational or research activities (e.g., classes, seminars). Include here professional conferences the student and mentor plan to attend using grant funding.

B. If the preceptor has changed or advisors have been added since the initial application, this section must address this (see the Instructions). Otherwise, insert "N/A."

C. Comment on the candidate's progress in the doctoral program. Please note that any changes listed by the applicant on the Program Progression Timeline must be addressed here as well.

SAMPLE

BIOGRAPHICAL SKETCH

Provide the following information for the preceptor/dissertation chair and program faculty.
Follow this format for each person. **DO NOT EXCEED TWO PAGES.**

NAME	POSITION TITLE

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)*

INSTITUTION AND LOCATION	DEGREE *(if applicable)*	YEAR(s)	FIELD OF STUDY

A. Licensure and certification credentials with dates (as credentials vary from state to state, provide enough detail so that the reviewers understand the nature of the license, for example, identifying that a particular license is for independent clinical practice):

B. Research and Professional Experience
Starting with present position and responsibilities, list relevant experience, including research, teaching, supervisory/advisory, and clinical activities, include dates:

Other previous training/experience relevant to oncology. List chronologically (include dates) beginning with most recent; include volunteer activities:

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BIOGRAPHICAL SKETCH (continued)

Academic/professional honors, awards, consultantships and/or activities. Specify dates and national/local status:

Memberships and service to principal national professional societies:

C. Professional Contributions: representative publications, presentations, workshops relevant to oncology psychosocial research, practice and teaching; include dates:

SAMPLE