

Applicant:

Application Contacts

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

GENERAL AUDIENCE SUMMARY

APPLICANT NAME	DATE SUBMITTED
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i>	

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

SAMPLE

TABLE OF CONTENTS

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Appendix:	
ACGME accreditation letter	
Copies of resident final reports	
Copies of resident schedules	
Notarized Statement of U.S. residency (if applicable)	

SAMPLE

Principal Investigator: [Click here and type last name, first name]

2.1

REPLY TO PREVIOUS REVIEW (FOR RESUBMISSIONS ONLY)

SAMPLE

Principal Investigator: [Click here and type last name, first name]

3.1

INSTITUTION INFORMATION

SAMPLE

RESIDENCY PROGRAM INFORMATION

1. Provide the following information about the residency program's most recent accreditation by the Accreditation Council for Graduate Medical Education. Include in the appendix a copy of the letter of accreditation. **If the program was cited by the ACGME, any issues/concerns raised must be addressed in item 4 below and a copy of the progress report attached.**

Date of accreditation:	Effective period:
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Accreditation Status	Full:	Provisional:	Probation:
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2. For which phases of residency training in preventive medicine is the program approved? **Indicate by providing number of approved resident positions.**

Clinical:	Academic:	Practicum:
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3. Number of residents in:

PGY1:	PGY2:	PGY3:	PGY4:	PGY5:
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4. Describe the residency program; beginning with relevant historical background such as the length of the program's accreditation, any statement of mission or training emphasis, the career paths of former residents, etc. Complete the attached table regarding program graduates, indicating with an asterisk those that were supported with American Cancer Society funding.

SAMPLE

TABLE OF PTACP RESIDENCY PROGRAM GRADUATES

Resident Name Date Began/Date Graduated	Date of ABPM Certification	Current (or last known) Position, Institution and Location	Describe cancer prevention and control activities , if not obvious by position title.
SAMPLE			

TABLE OF ALL RESIDENCY PROGRAM GRADUATES

Resident Name Date Began/Date Graduated	Date of ABPM Certification	Current (or last known) Position, Institution and Location	Document any cancer relevance, if not obvious by position title.
SAMPLE			

BIOGRAPHICAL SKETCH

Provide the following information for the Principal Investigator and Key Faculty
Follow this format for each person. **DO NOT EXCEED TWO PAGES.**

NAME	POSITION TITLE		
<i>EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY

A. Certifications

B. Current Activities and Previous Positions

C. Professional Society Memberships and Service

SAMPLE

D. Academic/Professional Honor Societies, Consultantships, Appointed or Elected

E. Representative Publications (identify with an asterisk any publications on cancer prevention and control)

SAMPLE

PROGRAM GOALS AND DESCRIPTION

SAMPLE

BUDGET

	Year 1	Year 2	Year 3	Year 4	Year 5 (6 months)
Trainee Expenses					
Resident Stipends (salary and fringe benefits)					
Tuition and Fees					
Trainee Travel					
Other (describe)					
Non-trainee Expenses					
Personnel [Itemize all positions: include names of personnel, percent effort, and compensation (salary & fringe benefits)]					
Staff Travel					
Other (describe)					
Category Total					
Subcontracts (Categorize on continuation page)					
Category Total					
Permanent Equipment (Itemize)					
Category Total					
Supplies (Group into major categories)					
Category Total					
Miscellaneous (List specific amounts for each item)					
Category Total					
Direct Costs Total					
No indirect costs allowed. See Policies.					
Annual Total					
				Total Amount Requested	

JUSTIFICATION OF BUDGET

SAMPLE