



# The New York Academy of Medicine

*At the heart of urban health since 1847*

Edwin Beer Fellowship Program

Office of Medical and Academic Affairs

1216 Fifth Avenue • New York, NY 10029-5202

Tel: 212-822-7204 • Fax: 212-822-7338 • E-mail: beer@nyam.org

## **Edwin Beer Research Fellowship in Urology and Urology-Related Fields**

### **2010-2012 Program Preliminary Application & Instructions**

**Award Period: July 1, 2010 – June 30, 2012**

#### **Required Materials:**

1. Applicant's signed cover letter describing previous training and experience and how the proposed activities relate to the applicant's projected career.
2. Completed, typewritten application form signed by the applicant and authorized institutional representative from your grants or finance office.
3. Research Proposal: Include project title, applicant's name, research site, introduction, specific aims, work done by others, work done by applicant, methods of procedure, significance, and relevant bibliography. This should not exceed four pages, including diagrams, illustrations, bibliography and any other supplemental materials. The font used should be Arial with a minimum 11 point type size.
4. Applicant's Curriculum Vitae.
5. Signed Letter of Support from a research sponsor detailing the applicant's career development plan, providing a description of the research environment and available research facilities to be provided for the proposed project, and providing an analysis of the clinical and research training of the candidate.
6. Research sponsor's NIH-format biosketch. (A sample NIH-format biosketch may be downloaded at: <http://grants.nih.gov/grants/funding/phs398/biosketchsample.doc>)
7. Signed Letter of Recommendation from the department chair or division director of the academic or medical institution where the research will take place, describing the facilities and faculty resources available for career development and explaining how the proposed research will prepare the applicant for an academic career. It should also confirm the full-time nature of the research commitment (at least 50 percent effort) and the level of institutional support for the proposed research.

**PLEASE NOTE** – Although not required at this time, proof of IRB or IACUC approval or submission (*if applicable*) or waiver will be required in the finalist stage of the application process if selected.

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**SUBMISSION** – The required items requested above should be submitted (*in the order in which they are listed*) in both the following forms:

- 1 - Email of the combined required materials (including signatures on all requested letters and documents) as a single PDF document to [beer@nyam.org](mailto:beer@nyam.org).
- 2 - Mail eight (8) hard copy originals (of the complete application materials) to the above address.

**- Both versions must be received by the deadline. -**

**Please note that applications must contain all required materials or they will not be considered.**

**PRELIMINARY APPLICATION DEADLINE: FEBRUARY 2, 2009**

Additional copies of the application and instructions are available for download at:

<http://www.nyam.org/grants/beer.shtml>

## **Edwin Beer Research Fellowship in Urology and Urology-Related Fields**

### **PROGRAM DESCRIPTION**

The Edwin Beer Research Fellowship seeks to increase the number of investigators in urology and urology-related fields by providing transitional funding in support of research conducted by qualified candidates.

### **SELECTION PROCEDURE**

The program uses a two-stage process in selecting fellows: preliminary applications are solicited in the winter of the year before the award start date and, after careful evaluation, the Edwin Beer Selection Committee invites the most promising of the preliminary candidates to submit full proposal. Following the review of all finalists, the selection committee recommends award recipients for ratification by the Trustees of the Academy. Notification of the award is usually made by spring of the award year.

### **AWARDS AND USE OF FUNDS**

Up to two two-year grants totaling \$80,000 each are available for research projects commencing July 1 of the award year. The grants are made to the awardees' institutions for the direct support of the research project. Edwin Beer Fellows are required to devote at least fifty percent of their time to the research funded by the fellowship. A detailed budget is required with finalist applications, but is not required for preliminary applications.

### **ELIGIBILITY**

Candidates must hold an MD, PhD, or equivalent degree and are expected to conduct research in a supervised program in the United States. Applicants should have completed residency and fellowship or postdoctoral training, having demonstrated their ability to perform and direct research, and should currently be under the mentorship of a senior researcher. Fellowships are awarded to qualified candidates who are at a stage of transition prior to receiving major independent funding. Because the program seeks to increase the number of investigators in urology and urology-related fields, applicants must have a direct association with the department of urology at their sponsoring institution. Candidates must be United States citizens or permanent residents or have (at the time of application) a valid working visa through the period of the award.

### **NON DISCRIMINATION**

It is the policy of The New York Academy of Medicine, in compliance with all federal, state and local laws, rules and regulations, to provide equal opportunities in employment for all employees and applicants without regard to race, color, sex, sexual orientation, pregnancy, marital status, age, national origin, religion, disability, or status as a Vietnam-era or special disabled veteran. This policy is applied to the selection of Edwin Beer Fellows.

### **HUMAN SUBJECTS, ANIMALS, AND RECOMBINANT DNA**

If the proposed research involves humans as research subjects, the use of warm-blooded animals, or experiments involving recombinant DNA techniques, the investigator must comply with current guidelines of the United States Department of Health and Human Services concerning such matters. Evidence of compliance, as well as an approved protocol from the appropriate institutional review board of the sponsoring institution, if appropriate, must accompany finalist applications, but is not required for preliminary applications. Research proposals for which protocols have been submitted and are pending approval will be provisionally accepted, but all required approvals must be in place by the start of the grant.

### **REPORTING REQUIREMENTS**

Grant recipients are required to submit progress and financial reports to the Academy at the mid-point and end of the grant period. Letters from the research sponsor and department chair, affirming the fellow's progress, must accompany these reports. Failure to comply with reporting requirements may result in termination of the grant and refund of any award monies paid, and may negatively affect consideration of future applications from the grantee's institution.

#### **PUBLICATIONS**

Any publication resulting from work supported by this grant must acknowledge the assistance received from the Edwin Beer Research Fellowship of The New York Academy of Medicine. Reprints of publications must be submitted to the Academy.

#### **FALSIFICATION OF SCIENTIFIC DATA AND PLAGIARISM**

It is the intent of The New York Academy of Medicine that research carried out by its staff or by investigators whose research is funded by the Academy directly, or as agent for any funding source, be consistent with the highest standards of integrity and ethical behavior. Applicants are required to comply with the research misconduct policy of The New York Academy of Medicine. If an institution determines that falsification of scientific data and/or plagiarism has taken place concerning or related to work The New York Academy of Medicine has supported, the Academy must be immediately notified.

#### **MALPRACTICE LIABILITY**

It should be understood that The New York Academy of Medicine is not responsible for malpractice or claims of malpractice arising out of, or resulting from, the performance of the investigations carried out under this program. The Academy will not provide reimbursement for the cost of malpractice insurance.

#### **PATENTS**

Patent rights to any inventions resulting from research supported by this program will be divided among The New York Academy of Medicine, the institution where the original research was conducted, and the investigator. Patent applications must be submitted to The New York Academy of Medicine. The complete patent policy of The New York Academy of Medicine will be provided to the awardee.

#### **PROJECT TERMINATION AND CHANGE OF INSTITUTION**

Terms for discontinuance of a project and policies regarding changes in an investigator's institutional affiliation are subject to the approval of The New York Academy of Medicine. Unexpended funds in terminated projects will revert to The New York Academy of Medicine.

**For questions about this program, please contact:**

Edwin Beer Fellowship Program  
Office of Medical and Academic Affairs  
The New York Academy of Medicine  
1216 Fifth Avenue  
New York, NY 10029-5202  
phone: 212-822-7204 • fax: 212-822-7338 • e-mail: [beer@nyam.org](mailto:beer@nyam.org)



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## Edwin Beer Research Fellowship in Urology and Urology-Related Fields 2010-2012 Program Preliminary Application

**Award Period: July 1, 2010 – June 30, 2012**

*See application instructions for a full list of required materials.*

**Preliminary Application Deadline: February 2, 2009**

**Please use the shaded areas of this form to provide the requested information.  
Use your mouse, or the “tab” and “arrow” keys (not “enter”), to move between fields.**

### 1) Applicant Name:

(First Name)	(M.I.)	(Last Name)	Degree(s)

### 2) Present Affiliation:

Title:			
Department/Division:			
Institution:			
Mailing Address:			
Room, Floor, Suite:			
City:	State:	Zip:	
phone:	fax:		
e-mail:			

### 3) Proposed Research Site (if different from applicant information above):

Title:			
Department/Division:			
Institution:			
Mailing Address:			
Room, Floor, Suite:			
City:	State:	Zip:	
phone:	fax:		
e-mail:			

### 4) Research Project Title:

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### 5) Research Sponsor:

(First Name)	(M.I.)	(Last Name)	Degree(s)
Title:			
Department/Division:			
Institution:			
Mailing Address:			
Room, Floor, Suite:			
City:	State:	Zip:	
phone:	fax:		
e-mail:			

**6) Research Sponsor:**

(First Name)	(M.I)	(Last Name)	Degree(s)
Title:			
Department/Division:			
Institution:			
Mailing Address:			
Additional Address:			
City:	State:	Zip:	
phone:	fax:		
e-mail:			

**7) Department or division chair recommending candidate and research project:**

(First Name)	(M.I)	(Last Name)	Degree(s)
Title:			
Department/Division:			
Institution:			
Mailing Address:			
Additional Address:			
City:	State:	Zip:	
phone:	fax:		
e-mail:			

**8) Applicant's Citizenship/Immigration Status:**

Are you a United States Citizen or Permanent Resident? Yes  No

If no, do you have a valid working visa through the period of this award?  
 (If YES, you must include a copy of your authorization documentation behind section #2 of your application materials to be considered) Yes  No

**The Edwin Beer Fellowship Program requires (at the time of application) the applicant to be either a United States Citizen, Permanent Resident or holding a valid working visa throughout the period of the award.**

**9) Projected Activities During Award Period.** Indicate the average number of hours per week for each activity listed. Fellows are required to devote at least fifty percent of their time to the research funded by this fellowship.

Activity	Hours per week	% effort
Research (this project):		
Research (other projects):		
Patient care:		
Administration:		
Other (specify) _____:		
<b>Total:</b>		

**10) Applicant's Signature**

I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is granted as a result of this application. Furthermore, I certify that the statements herein are true and complete to the best of my knowledge.

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**Applicant's Signature**

**Date**

**11) Authorized Official from your Grants or Finance Office Signing For Institution:**

(First Name)	(M.I)	(Last Name)	Degree(s)
Title:			
Department/Division:			
Institution:			
Mailing Address:			
Additional Address:			
City:	State:	Zip:	
phone:	fax:		
e-mail:			

I certify that the statements herein are true and complete to the best of my knowledge.

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**Authorized Official's Signature (Grants or Finance Office)**

**Date**

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