**Clinician Educator (CE) Grant Application**

**Title:** *Please enter application title*

**Applicant Name:**  First Last Name, Degree(s)

Academic Appointment:

Department and Division

Address, Office

City, State Zip

Phone:

Email:

**PROPOSAL CHECKLIST:** **Incomplete applications will not be accepted past 11:59 PM Pacific Time on submission deadline**. No extensions are granted for missing items. Please use the checklist below to ensure you have included all of the required documents. (Do not include this checklist in the final application)

Budget Worksheet ***(attached separately as an excel sheet and included in the PDF after the facepage, please use MCHRI’s template)***

Introduction ***(Resubmissions only – maximum 2 pages)***

☐ Lay summary **– (300 words or less)**

Research Plan (maximum 3 pages)

Specific Aims

Project Timeline

Relevance to Maternal and Child Health

Background and Significance

Preliminary Studies (if available)

Research Design and Methods

Included human subject research feasibility (if applicable)

Contacted SCH Clinical Research Support Office (if applicable)

Career Development

Potential Pitfalls and Contingency Plans

Future Steps

Appendix (Figures and References) (maximum 3 pages)

Supporting Documents

Applicant Information

NIH Biosketch

Supervisor/ Primary Research Mentor Information (Required for Clinical Instructor and Clinical Assistant rank)

Mentor support form completed online

NIH Biosketch

Non-Primary Mentor Information (if applicable)

Letter of Support

NIH Biosketch

Co-Investigator/Collaborator Information (if applicable)

Letter(s) of Support

NIH Biosketch

IRB Approval (if applicable)

Confirmation of IRB application submission and date (mm/dd/yy) of the scheduled IRB review meeting

IRB approval letter included if IRB has already been approved

Proposal is exempt from human subject research