

CoARC George G. Burton, MD Student Educational Research Scholarship

Application Information and Instructions

The CoARC has established a scholarship to recognize a student of a CoARC - accredited program for educational or accreditation research with practical value to the respiratory care profession. The Award is \$2000.00.

General Instructions

Submission of Application Forms

Use the attached form to apply for the CoARC George G. Burton, MD Student Educational Research Scholarship. Use English only and avoid jargon and unusual abbreviations. The application should be single spaced and include: graphs, diagrams, tables and charts where needed. Any oversized documents, graphs, diagrams, tables and charts should be put in an appendix.

Please sign and submit all documentation as one PDF. Email the completed packet to Bonnie Marrs:
bonnie@coarc.com

The CoARC will only accept complete applications and will not accept additional material pertinent to an application after the receipt date unless it is requested or agreed to by prior discussion with the CoARC.

All completed applications should be **submitted by February 1st** for consideration of the annual award. Any incomplete applications will not be considered. Applicants will be notified by April 15th of the decision regarding award of a scholarship. The scholarship and certificate are presented at the CoARC Awards Ceremony during the AARC Summer Forum. The CoARC will pay transportation to and from the reception location (excluding first and business class). It will include a maximum of one hotel night, meals for one day, and transportation to and from the airport for the recipient, expenses not to exceed \$2000.00. Meals will be reimbursed at a maximum of \$75.00 per person per day (itemized receipts required).

Progress Reports

Modifications to the projects must be submitted and to the Executive Office and approved by the Public Relations Chair. Summary reports must be submitted to bonnie@coarc.com within six (6) months of approval and upon completion of the project and must be properly identified with the title and name of the principal investigator.

Publications related to the research must acknowledge the support of the CoARC; the award recipient must notify the CoARC Executive Office upon publication and include the link/reference where the publication can be found.

Application for the
CoARC George G. Burton, MD Student Educational Research Scholarship

Read Instructions Carefully

Complete this section if an individual is applying

Name _____
Mailing Address _____
Position Title _____
Department, Service, Laboratory or Equivalent _____
Major Subdivision _____
Telephone (_____) _____
Email Address _____

Complete this section if an institution/organization is applying

Institution/Organization Name _____
Mailing Address _____
Department, Service, Laboratory or Equivalent _____
Telephone (_____) _____
Major Subdivision _____
Fiscal Officer (Name, title, address, telephone) _____

Official signing for Institution/Organization (Name, title, address, telephone number) _____

Type of Organization: • Private Nonprofit • Public (Specify federal, state or local): _____

All applicants must complete the following section

Human Subjects, Derived Materials or Data Involved? • No • Yes

Dates of Entire Proposed Project Period From: _____ Through: _____

Performance Sites (Organizations and addresses where the project will be conducted) _____

Were any inventions conceived or reduced to practice during the course of the project? • No • Yes

Does the investigator(s) have any potential conflict of interest? • No • Yes

If "Yes," individual(s) must submit a Conflict of Interest Disclosure Form providing details of the approved plan for managing this conflict.

Will investigator(s) have equity interests exceeding \$10,000 in current value, or greater than 10% ownership interest in any business entity, or do/will aggregate annual payments for royalty and other payments (e.g., consulting, salary, etc.) exceed \$10,000?

• No • Yes

If "Yes," individual must submit a Conflict of Interest Disclosure Form providing details of the approved plan for managing this conflict.

Principal Investigator/Program Director Assurance:

I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

Print Name of Principal Investigator

Signature of Principal Investigator/Program Director

_____/_____/_____
Date

Institution Certification and Acceptance (to be completed if other than principal investigator):

I certify that the statements herein are true and complete to the best of my knowledge and accept the obligation to comply with CoARC terms and conditions if a grant is awarded as a result of this application.

Print Name of Applicant of Organization

Signature of Applicant Organization Official (if required)

_____/_____/_____
Date

Abstract of Research Plan

Title of Research Project _____

Purpose (e.g., master's thesis, doctoral dissertation or investigative research) _____

All Personnel Engaged in Project, Beginning with Principal Investigator/Program Director (Use additional pages if necessary.)

Name: _____ Title: _____ Dept. _____

Name: _____ Title: _____ Dept. _____

Name: _____ Title: _____ Dept. _____

Abstract of Research Plan

*Concisely describe the application's specific aims, methodology and long-term objectives, making reference to the scientific disciplines involved and the health-relatedness of the project. The abstract should be self-contained so that it can serve as a succinct and accurate description of the application when separated from it. **Do not exceed the space provided.***

Practical Value

Describe the practical value of the educational or credentialing research to the profession.