

**Application**

**Mentored Research Investigator Training (MeRIT)**

**June 17 – June 21, 2019**

**Letters of intent to apply for MeRIT 2019 due by FEBRUARY 28, 2019**

**All applications must be received by MARCH 31, 2019**

**Applicants will be notified of acceptance by MAY 1, 2019**

All applications must be submitted electronically. All correspondence should be addressed to:

Sheldon Holstad

ACCP Foundation

13000 West 87th St Parkway

Lenexa, KS 66215

[sholstad@accp.com](mailto:sholstad@accp.com)

**MENTORED RESEARCH INVESTIGATOR TRAINING (MeRIT) PROGRAM**

MeRIT is atraining program designed to assist pharmacists with developing the abilities necessary to conduct investigator-initiated research, either independently as a principal investigator or as an active co-investigator within a research team. The 2-year longitudinal program, utilizing a combination of teaching and mentoring methods (live, webinars, and teleconference), provides mentees with the education and support needed throughout the entire research experience, i.e. from idea to publication.

**Investigator Applicants**

Ideal candidates are pharmacy faculty or practitioners with limited research experience who are:

* committed to incorporating research into their professional careers,
* interested in generating research themes or obtaining preliminary data for larger funding opportunities,
* aspiring to be active principal or co-investigators within a research team, and
* able to commit at least 10% effort to research.

Preference will be given to individuals who have not been awarded significant peer-reviewed extramural funding as the principal investigator, but whose prior experience, career plans, and current professional environment indicate that they have the potential to become successful independent investigators.

**\*Please contact the ACCP Foundation with any questions regarding eligibility requirements.**

**ACCP Mentors/Faculty**

The faculty will engage in a close mentoring-style relationship with the investigators. Faculty mentors will be experienced researchers and educators, with long-standing records of student, trainee, and junior faculty mentoring. A mix of skilled clinical, basic science, and health-service faculty researchers will be selectively paired to meet the diverse needs of the investigator participants.

**Local Advisors**

Each investigator will identify one local research advisor to work with the ACCP Mentor and applicant investigator. Advisors are encouraged to attend the live MeRIT primer with the applicant investigator, and/or they will be invited to participate in important mentoring sessions virtually, as available. The advisor will be asked to submit a brief letter of support along with his/her CV or biosketch with the investigator’s application packet.

**Selection of Program Investigators**

The MeRIT Program Committee will review and accept investigators from applications received. The Committee will base its decisions in large part on the merits of the research ideas proposed and on the statements by the applicant, advisor, and the institutional sponsor (Immediate Supervisor or Department Head). These documents will be evaluated both for the information they supply about the candidate’s research preparation and potential as well as the assurances they provide about the commitment of the candidate and sponsor to the completion of the MeRIT Program. Preference will be given to ACCP members.

**Tuition**

Tuition covers the Primer program, materials, and ACCP Foundation-sponsored meals, as well as 2 years of longitudinal mentorship (live and virtual) to guide accepted applicants from research idea to manuscript. Tuition will be due in full by June 1, 2019. Travel, lodging, and associated costs for the Primer, and travel, lodging, meals, and registration for the two ACCP Annual Meetings are not included in the MeRIT tuition.

Non-member Tuition: $5495

Affiliated Organization Member: $5125

ACCP Member: $4,750

**PROCEDURES FOR APPLICATION**

**PROGRAM DATES**: June 17 - June 21, 2019

**HOST SITE**: University of Kentucky, College of Pharmacy, Lexington, Kentucky

**INELIGIBLE**: The following are generally ineligible to participate in the MeRIT Program as Investigator Participants

(1) Students and residents.

(2) ACCP Foundation Board of Trustees.

(3) ACCP Board of Regents.

**LETTER OF INTENT**: RECEIPT BY FEBRUARY 28, 2019. Non-binding Letters of Intent to attend should include preliminary research ideas (helpful to organizers in gauging expertise needed in ACCP mentors), anticipated local MeRIT advisor, and brief explanation of applicant’s reasons for wanting to attend MeRIT. Email LOI to Sheldon Holstad at [sholstad@accp.com](mailto:sholstad@accp.com).

**APPLICATION DEADLINE**: RECEIPT BY MARCH 31, 2019.

**ACCEPTANCE DATE**: Investigator participants will be notified of their acceptance status by **MAY 1, 2019**.

**SUBMISSION**: Submissions are requested in either MS Word or PDF format (preferred). Please use software conversion to create PDFs and do not scan hard-copies into a PDF format. Email to Sheldon Holstad at [sholstad@accp.com](mailto:sholstad@accp.com).

**MeRIT Application Package**

Application Section 1: MeRIT APPLICATION / SIGNATURE SHEET

Complete all sections as indicated. Indicate one individual as a local advisor. Obtain the signature of the advisor on the application. Applicant’s Department Chair/Immediate Supervisor must sign the MeRIT Application to indicate their approval and agreement for investigator to participate.

Application Section 2: PERSONAL STATEMENT, PRE-COURSE APPLICATION ASSESSMENT, & ANNOTATED CURRICULUM VITAE

Personal Statement - please describe: (a) why you are interested in incorporating research into your professional career, (b) your prior research training, experience, and preparedness, (c) how the MeRIT Program will contribute to your overall career development, (d) how much time you have to commit to research.

Pre-course Application Assessment – please complete and attach.

Annotated CV – please attach a copy of your CV to the application, together with a brief explanation of your role (PI, co-investigator, research assistant, contributed to proposal design, wrote the manuscript etc.) in each research project, grant application, and research oriented publication on your CV – to help us understand your level of preparation/experience.

Application Section 3: LETTER OF SUPPORT/SUPERVISOR

Attach a signed letter of support from the Department Head or Immediate Supervisor in support of the investigator’s application to the MeRIT Program. Letter may use page provided in application or standard letterhead from supervisor.

Application Section 4: LETTER OF SUPPORT & CV or BIOSKETCH/ADVISOR

Attach a signed letter of support from the local advisor in support of the investigator’s application to the MeRIT Program. Letter may use page provided in application or standard letterhead from the advisor.

Application Section 5: NONDISCLOSURE AGREEMENT

Each participant must sign and date the nondisclosure agreement.

Application Section 6: IDEA/PROJECT SUMMARY & RELEVANCE

A succinct and accurate description of the research ideas/proposed projects, including the broad, long-term objectives and, if available, the anticipated specific aims. Describe concisely any potential research design and methods for achieving the stated goals. Each applicant is to submit at least 2 ideas.

Application Section 7: PRE-COURSE ASSESSMENT (<https://redcap.accpfoundation.org/surveys/?s=LFXN447CDN>)

**ACCP FOUNDATION**

APPLICATION FOR MENTORED RESEARCH INVESTIGATOR TRAINING (MeRIT)

1. MeRIT INVESTIGATOR:

Name (Last, first, middle)

Degree(s):

Position Title:

Institution: # Years at Institution:

Mailing Address (street, city, state, zip code):

Phone: E-mail:

Has the MeRIT Investigator received significant peer-reviewed extramural funding as a principal investigator?

No. Yes. If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Granting Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ Amount

I want to be considered for PRN scholarships and I give the Foundation permission to share Sections 2 & 6 of my application with PRNs to which I belong

2. LOCAL ADVISOR:

Name (Last, first, middle)

Degree(s):

Position Title:

Institution:

Mailing Address (street, city, state, zip code):

Phone: E-mail:

Has the Local Advisor received significant peer-reviewed extramural funding as a principal investigator (list most recent)?

No. Yes. If yes, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Granting Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ Amount

1. CATEGORY OF PRIMARY RESEARCH INTERESTS (Check one):

\_\_\_\_\_\_\_ BASIC TRANSLATIONAL: \_\_\_\_T-1 \_\_\_\_T-2 \_\_\_\_T-3 \_\_\_\_T-4

OTHER (SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

4. PRIMARY DOMAIN(s) of RESEARCH IDEAS

(e.g., Hematology, Infectious Disease, Pharmacogenetics, Health Outcomes, etc)   
PLEASE SPECIFY:

**ASSURANCE OF COMPLIANCE**

By signing below, I, my Immediate Supervisor/Chair, and Local Advisor indicate commitment and support for this program application and acknowledge the resources necessary to fulfill the program requirements, if accepted.

Signature, Principal Investigator Print Name/Title Date

Signature, Immediate Supervisor/Chair Print Name/Title Date

Signature, Local Advisor Print Name/Title Date

Principal Investigator (Last, first, middle):

**PERSONAL STATEMENT (NOT TO EXCEED ONE PAGE). Please attach CV and annotation page(s).**

Principal Investigator (Last, first, middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LETTER OF SUPPORT FROM IMMEDIATE SUPERVISOR/DEPARTMENT CHAIR (NOT TO EXCEED ONE PAGE)**

Principal Investigator (Last, first, middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LETTER OF SUPPORT FROM LOCAL ADVISOR (NOT TO EXCEED ONE PAGE). Please attach advisor’s CV or Biosketch.**

Principal Investigator (Last, first, middle):

**Nondisclosure Agreement**

In order to fully participate in the Mentored Research Investigator Training (MeRIT) Program, I will receive information that is proprietary to investigator attendees and participants and should be consider confidential.

I agree to keep confidential the information that I will receive regarding the research ideas/proposals, including, but not limited to, any written or verbal communications, any written documents, or any other material that I will receive from ACCP or other attendees in conjunction with the MeRIT Program. This obligation of confidentiality does not include information which, at the time of disclosure to me, (a) is published, known publicly, or is already in the public domain; (b) is published or becomes known publicly through no fault of my own; (c) is already known by me as evidenced by written records; or (d) is disclosed to me by someone other than ACCP who is not under any obligation of confidentiality.

This agreement shall commence on the day it is executed by me and shall expire at the end of two years from the date of its execution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please sign and return electronically

|  |  |
| --- | --- |
| Principal Investigator (Last, First, Middle): |  |
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| **IDEA/PROJECT SUMMARY**: The Summary is meant to serve as a succinct and accurate description of the research idea or proposed project. State the broad, long-term objectives and if possible, draft specific aims. Concisely describe postulated research design and methods for achieving the stated goals. DO NOT EXCEED THE SPACE PROVIDED. | |
| **RELEVANCE**: Using no more than two or three sentences, describe the relevance of this research to clinical pharmacy. DO NOT EXCEED THE SPACE PROVIDED. | |

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| --- | --- |
| Principal Investigator (Last, First, Middle): |  |
|  | |
| **IDEA/PROJECT SUMMARY**: The Summary is meant to serve as a succinct and accurate description of the research idea or proposed project. State the broad, long-term objectives and if possible, draft specific aims. Concisely describe postulated research design and methods for achieving the stated goals. DO NOT EXCEED THE SPACE PROVIDED. | |
| **RELEVANCE**: Using no more than two or three sentences, describe the relevance of this research to clinical pharmacy. DO NOT EXCEED THE SPACE PROVIDED. | |