

**Academy of Clinician Scholars (AoCS)**

**Grant Application**

**UC San Diego Academy of Clinician Scholars (AOCS)**

**Faculty Development and Clinical Research Awards**

**Kaiser Permanente Award**

**Professional Development in Clinical Education**

**Improved Patient/Physician Communication**

**DEADLINE FOR PROPOSALS: SEPTEMBER 3, 2024**

**Submit Applications To**

Martha Contreras ([mac219@health.ucsd.edu](mailto:mac219@health.ucsd.edu))

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant Name** |  | | | |
| Email |  | | | |
| Mail Code |  | | | |
| Current Academic Series |  | | | |
| Current Academic Rank |  | | | |
| Department/Division |  | | | |
| Allocation of Effort (%) |  | | | |
| Clinical Care |  | | | |
| Teaching |  | | | |
| Scholarship/Research |  | | | |
| Clinical Administration |  | | | |
| **Confirmation of Clinical Effort (required)** |  | | | |
| Department Chair/Chief Name |  | | | |
| Greater 50% clinical effort (Y/N) |  | | | |
| Chair/Chief Signature confirming 50% clinical effort |  | | | |
| Prior or Current Faculty Development Activities at UCSD (e.g. NCLAM, CREST) |  | | | |
| Indicate what type of proposal you are submitting: | Research Project |  | Skill Development |  |
| Other sources of funding you have or plan to apply to support this project. |  | | | |
| If funded, how many hours per week or “protected time” will you need for this project. |  | | | |
| Will you be able to receive the protected time needed to execute this project? |  | | | |
| Attached a detailed budget and budget justification for the project. |  | | | |
| Have you identified a faculty mentor? Include supporting letter with proposal. |  | | | |
| If yes, what is their name, department, academic rank, and role in project. |  | | | |
| Fund Manager Name |  | | | |
| Fund Manager Email |  | | | |

**ABSTRACT (1,500 characters double-spaced, 1 page)**

**PROJECT TITLE:**

**BUDGET AND BUDGET JUSTIFICAITON (1 page)**

**PROJECT SUMMARY (6 page limit, double spaced)**