New Researcher Initial Application Form

Directions for submission: Complete this form electronically and submit the completed form by email to foundation@asrt.org.



Funding Level: Up to \$3,000 FOR OFFICE USE ONLY: Application #

Title of Project:						
Principal Investigator:	□ Mr.	□ Ms.	□ Dr.	☐ Professor	□ Other:	
Name	F	First			MI	Credentials / Title
Institution						
Mailing Address				Phone ()		
				Email		
ASRT Member Number						
Please fill out thi	s section ONL	Y if invited to	complete th	is final application	content.	
Grant Amount Requested:	First Yea	ar \$				
Co-Investigator(s):						
Name and Title						
Name and Title						
Name and Title						
Decreasible Officials of Applicant/s	1					
Responsible Officials of Applicant's	institutio	on:				
Grants Administration			Academ	ic or Clinical D	epartment	
Name			Name			
Title			Title			
Address			Address			
Signature			Signature	è		
Date			Date			
I certify that I have applied for all necessary approva approval prior to receiving funds. I certify that this a	ls by approprion polication con	ate boards or ntains no misr	committees epresentatio	at my institution ar ons or falsification ar	nd will provide p nd that the infor	root ot tinal mation given is
true and correct to the best of my knowledge. I und for support from ASRT Foundation. I hereby authorize						
determine my eligibility for an award. I hereby waive						
I understand that if these funds are granted, submis						
resulting from this research must state that the ASR submitted to ASRT peerreviewed publications, Radio	ologic Technol	ogy and/or Ra				
present the research findings at an ASRT conference	e if appropriate	e.				
Signature of Principal Investigator					Date	
Ray Feb 18					Date	





State the background and significance of the problem your research will address (use AMA reference style for citations, use attachment for reference page) (maximum word count 270)





Provide an overview of your research methodology (maximum word count: 270)



Provide specific details of any progress you have achieved to date on obtaining IRB approval or your anticipated timeline for obtaining it by the final application deadline. Funding will not be released until approval documentation is received. (maximum word count: 40)
Provide a timeline of your project from start to completion (maximum word count: 40)

Total Over-all Budget:
Salary:
Supplies (survey, paper, postage, etc.):
Equipment:
Misc:

				/	
References:					
References.					

Appendices

- CV/Resumes
 - A curriculum vitae is required for the PI and co-investigators and should address experience and education specifically appropriate to the research project. Each CV or résumé may not exceed two pages in length.
- Current Registration/Licensure
 The PI must provide proof of current U.S. registration/licensure as specified in the eligibility section of the packet.

Please fill out this section ONLY if invited to complete this final application content.

- Institutional Assurances/ Human Assurances/ Institutional Review Board
 The application must include documentation of all necessary institutional approvals by appropriate boards or committees.
 These documents must be specific to the proposed investigations, including the time period for which the grant is requested. If the application for such approvals has been made, but not acted upon at the time of submission, a copy of that application may be substituted. However, the Foundation must receive official approval by the relevant boards or committees before a final funding decision is made.
- Cooperating Institutions

 Applications for projects involving institutions or agencies in addition to the institution of the grantee must include a letter from an official of each facility acknowledging its role in the project.

ATTACH DOCUMENTS

Use button to attach each document. View attached documents in the Navigation Pane to the left.

I agree to submit a final manuscript to Radiologic Technology or Radiation Therapist upon completion of my project for consideration of publication.