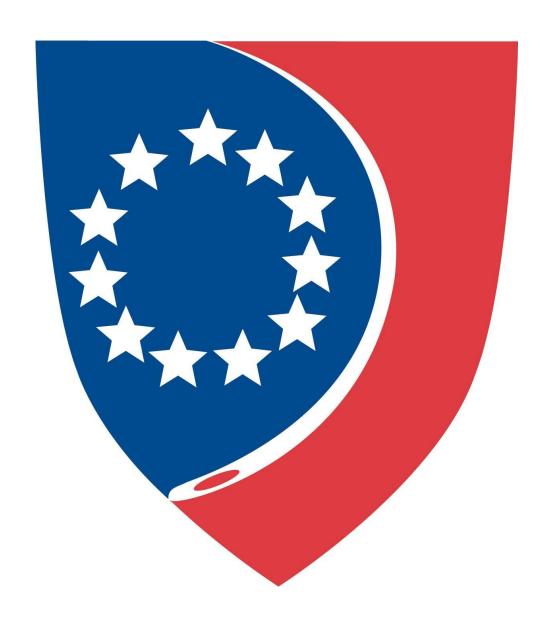
Southeastern Society of Plastic and Reconstructive Surgeons



2015 - 2016 Research Grant Application

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The Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS) invites research grant proposals for a research scholarship award in the amount of \$15,000. The applicant must be a member of SESPRS. This grant will be awarded at the 2015 Annual Meeting to the best research proposal submitted (see details on installment payments and progress reports on the next page). The research proposal must be related to plastic surgery and have a clinical application. It must be completed within 12 months of presentation of the award. The winner must present the resulting paper at the Society's 2016 Annual Meeting and also submit a manuscript for publication to either Annals of Plastic Surgery or Plastic and Reconstructive Surgery.

This years' grant is based on an unrestricted educational donation from TEI Biosciences of Boston, MA.

The deadline for submission of the completed application is May 15, 2015.

Mail a copy of this application, along with your current curriculum vitae (condensed to 2 pages) to:

Southeastern Society of Plastic and Reconstructive Surgeons 6300 Sagewood Drive Suite H255 Park City, UT 84098 (435) 901-2544

Applications may also be forwarded electronically to: william.lineaweaver@jmsburncenters.com

with a cc to: srussell@sesprs.org

When your submission is received you will be notified.

Submission Instructions for your Research Grant Application

The Southeastern Society of Plastic and Reconstructive Surgeons is required by the IRS to document the appropriate disbursement of funds as well as maintain progress reports on the funded programs. To assure that we meet this obligation, award recipients will be required to provide written progress reports and to complete periodic questionnaires. It is the responsibility of the research grant award winner to do all the communication with the Southeastern Society of Plastic and Reconstructive Surgeons Research Grant Committee, not the residents or the research assistants. Failure to comply can only be interpreted by the Society as the failure to carry out the research and purposes which had been the basis for the grant itself. In an instance where an awardee fails to file a progress report in a timely manner, the SESPRS will be compelled to report to the appropriate federal and state tax authorities about the likelihood of inappropriate use of grant funds. Such failure to report shall also, of course, operate adversely with respect to any future grants to that institution or practice.

Once the award has been granted, the award recipient must contact the Society's offices if for any reason the protocol has changed. The notification must take place before research is to begin under the new protocol.

Award recipients must present their findings at the 2016 SESPRS Annual Meeting. The final progress report should list publications resulting from your study, as well as additional grant proposals you have submitted or support you have received because of this research funding.

Occasionally, the SESPRS will require information on subsequent grants, papers and presentations. All grant recipients must respond to these requests. As in all cases of funding, it is necessary to acknowledge SESPRS grant support in any oral or written papers.

Please use the following official grant application.

To facilitate your completion of this form and ensure success, the Research Grant Committee offers the following suggestions:

Purpose: A statement on the clinical relevance of the project is extremely important for this grant application.

Background: A concise summary of previous work. State your understanding of the available knowledge pertaining to the subject. Include your critical analysis of past deficiencies. If you have preliminary data of your own, include it here.

Methods: We want to know exactly how you are going to do the project. Approval must be received by the Human Assurance Committee or other regulatory committees from the appropriate institution.

References: List three to five pertinent references detailing techniques or previous investigations.

Budget: Investigators will be funded up to \$15,000 by the SESPRS. The SESPRS does not pay for indirect or administrative costs. Payment will be made in two installments. The initial installment of one-half of the funded amount will be made upon selection following receipt by SESPRS of a signed acceptance form. The recipient will be required to submit a written progress report six months after the initial grant payment. Upon review of that report and determination by SESPRS that the grant is progressing appropriately, the second installment payment will be paid.

Facilities: Tell us where you are going to perform these studies. Your office? Laboratory?

Previous Experience: Not a prerequisite. A solid proposal will receive equal consideration without prior research experience. But if you do have research back- ground, so indicate.

Eligibility: Applicant must be a Member or Candidate for Membership in the Southeastern Society of Plastic and Reconstructive Surgeons at the time of submission.

Human or Animal Research Approval: It is your responsibility to submit the grant application for review by your animal utilization or human subjects review committee for experimental work and to ensure it complies with the institution's regulations. All projects must receive prior approval. Please include letter of approval of human or animal protocol.

NOTE: If your address or other pertinent data changes after receiving a grant, be certain to notify the Research Committee Chairman, William Lineaweaver, M.D. at 601-824-3977 and the SESPRS Society office at 435-901-2544. (Susan Russell - srussell@sesprs.org)

Completed Applications by mail:

Southeastern Society of Plastic and Reconstructive Surgeons (SESPRS) 6300 Sagewood Drive Suite H255 Park City, UT 84098

By E-mail:

William Lineaweaver, MD
Susan Russell, SESPRS Executive Director

william.lineaweaver@jmsburncenters.com
srussell@sesprs.org

2015 - 2016 Research Grant Application

Please mark box which is most appropriate for this project: Clinical Basic Science				
Principal Investigator				
Mailing Address		City	ST	Zip
Telephone	E-Mail Ad	dress		
IF THERE IS ANY CHANGE IN TH	E ABOVE PLEAS	E NOTIFY TH	IE SOCIETY	OFFICE
Status: ☐ Private Practice ☐ Full-Time	e Academic Practice	e		
Academic Rank:				
Project Title: (60 characters maximum)				
Purpose of Project: (Explain briefly you	ır specific aim. Desci	ribe the clinical	relevance of tl	ne project)
Background: Summarize concisely your unde applicable, your best experience and preliminary				
Methods: Describe with precision how you plot patient selection, planned statistical methods, etc.				

References: Include three to five pertinent references detailing techniques or previous investigations
Dudase
Budget:
Collaboration: List, where available, basic scientists or other consultants you will use for collaborative assistance. What is their role? Attach letters.

Facilities: In what institution/laboratory will these studies be carried out? Describe facilities.			
	s currently available or pending for the project of for closely related provide salaries, capital equipment or supplies, please specify. You		
Previous Research Experience: Describe your prior in	nvestigative experience.		
the guidelines of my institutional review board and animal util the local institutional review boards for experimental/clinical review	e of human and animal subjects for this research complies with tilization committees, and that this protocol has been approved by research. Each applicant must include the appropriate human our institutional review board and/or animal utilization committee.		
•	th will be conducted. If the sponsoring institution does not have thics in research espoused from time to time by the Public Health erstand that violation of such standards could subject me to		
Investigator (please print) Signature	re Date		
Sponsorship: (if appropriate) Research grants are awarded By signing the application, the sponsor is agreeing to ensure the proposed research him or herself. It is the responsibility of the	•		
Sponsor (please print) Signature	re & SSN# Date		
How long will the Resident/Fellow be available t	to carry out these studies under your sponsorship?		
What % of the Residents/Fellows' time will be "p	'protected" to do this research?		