



Acelity™

Fellowship Grant Form

Please attach a copy of program's core curriculum to completed form

Program Director name: _____

Hospital Affiliation (primary) name and address: _____

Program Director e-mail address: _____

Program Director telephone number: _____

Please state the clinical focus of Fellowship: _____

Indicate number of fellows slots for which support is being requested: _____

Please select all of the following that best describe the institution:

- University-based academic center
- Community-based academic center
- ACGME Accredited Resident Program
- Professional Society Program
- Other (please describe): _____

Have you applied for a fellowship grant with us in the past? _____

Which best describes the fellowship program:

Existing Program Existing Program but changing focus New Program

How many years has the program been in existence? _____

Years of experience the Program Director has had in this fellowship program and/or other fellowship programs? _____

Number of additional faculty who contribute to the fellowship training: _____

Total Number of Residents in the program: _____

Total number of Fellows in the program: _____

Please describe the typical schedule of the Fellow:



Percent of time in procedures? _____%

Percent of time with patients? _____%

Percent of time on research activities? _____%

Percent of time performing administrative duties? _____%

What peripheral credentialing standard(s) does your fellowship program align with? _____

Please list any program completion requirements for the Fellows Program (such as manuscript publication, etc.). _____

Does the institution have a Fellows selection committee established? ____ Yes ____ No

Briefly describe the committee's process for selection of Fellows to institution's program.

If there is no formal selection committee, please define how the Fellows are selected for the program. _____

What mechanisms are in place to prevent conflicts of interest regarding dissemination of grant funds? _____

What mechanism is currently used to rate the competency of the fellow and what process do you have in place if a particular fellow does not meet the competency standards?

Additional Documentation Required:

- Fellowship program core curriculum must be attached to application
- Provide a budget outline

Signature Required:

By signing below, you agree to the following:

1. Under no circumstances is the funding to be contingent on an obligation or inducement for the institution to purchase Acelity products.
2. Being a prior recipient of fellowship funding does not guarantee funding for the next fellowship year.
3. Funding will not be used to offset overhead expenses, administration fees, malpractice insurance, office supplies or office equipment.
4. If requested, you will provide Acelity with a full accounting of these grant funds. Any unused funds will be returned to Acelity.

Signature, Program Director _____ Date _____