

# Application Instructions & FAQs

## SCTR College of Medicine Clinician Scientist K12 Program

Please read these instructions carefully before beginning your application. The entire application package must be successfully submitted by application deadline to be considered for funding. **Incomplete and/or late applications will not be accepted for any reason.**

### KEY DATES

Release Date:	<b>October 16, 2023</b>
LOI Submission Deadline:	<b>December 1, 2023</b> <i>(optional, but encouraged)</i>
Application Deadline:	<b>December 29, 2023 @ 5:00 pm</b>
Candidate Interviews:	<b>February 2024</b>
Scholar Notification:	<b>March 2024</b>
Proposed Appointment Term:	<b>May 1, 2024 – April 30, 2026</b>
Number of Slots Available:	<b>2</b>

### SELECTION CRITERIA

#### How are COM K12 scholars selected?

K12 scholars will be selected based on a competitive application process in which the following primary components will be assessed:

- ☐ The track record and potential of the candidate
- ☐ Scientific merit of the proposed research.
- ☐ The transdisciplinary/translational science of the research project
- ☐ The experience of the mentorship team
- ☐ The quality of the training plan

Individuals from underrepresented ethnic minority groups are encouraged to apply, and special consideration will be given to individuals in departments and disciplines that have traditionally been underrepresented in clinical/translational research.

#### How are the applications scored?

Each application will be reviewed by (at minimum) two senior researchers from MUSC who are familiar with the area of study and the COM K12 Program Directors. Each reviewer will provide a priority score using the NIH 9-point scale and a written critique based on the NIH K23 review criteria and form

([https://grants.nih.gov/grants/peer/k\\_awards/k23\\_guide\\_for\\_reviewers.pdf](https://grants.nih.gov/grants/peer/k_awards/k23_guide_for_reviewers.pdf)). **All applicants will receive reviewer comments on their applications.**

The applications with the highest priority score will present their proposals to the COM K12 Executive Committee (the KL2/K12 Program Directors, SCTR PI, SCTR Associate PIs, and the TL1 Program Directors) addressing any issues raised in the written critiques. Following these presentations, the Executive Committee will select the successful scholars.

### APPLICATION INSTRUCTIONS

#### How do I apply for the COM K12 program?

The application process has three steps:

- 1) Optional, but encouraged – Submit a LOI (via email to [leeachar@musc.edu](mailto:leeachar@musc.edu)) describing your proposed project and interest in applying to the program,

- 2) Obtain a Study ID for the proposed research in SPARCRequest (<https://sparc.musc.edu>), and
- 3) Submit the application and all required materials in InfoReady. **No application materials should be uploaded in the SPARCRequest system.**

Before submitting the application, the candidate must get a Study ID from SPARC:

- ➔ If your study is **already in SPARC**, you will need to add the COM K12 funding opportunity to your existing study.
- ➔ If your study is **NOT already in SPARC**, you will need to create a study to get a Study ID for your proposed research.

For additional assistance with the SPARCRequest system, please contact the SCTR SUCCESS Center at [success@musc.edu](mailto:success@musc.edu). Step-by-step instructions for this process are available via this video: <https://musc.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=19628ac0-4fad-4a5f-9fb8-ac330167142d>.

**Application webpage:** <https://musc.infoready4.com/#competitionDetail/1920021>

## APPLICATION DOCUMENTS & REQUIREMENTS

- ➔ **Format:** All documents must be submitted as PDF files
- ➔ **Font:** Arial; 11-point or larger. Smaller text in figures, graphs, diagrams and charts is acceptable, as long as it is legible when the page is viewed at 100%. Ensure that the final PDF documents comply with font size requirements.
- ➔ **Margins:** one-half inch (0.5") on all sides

### Optional:

Letter of Intent – Deadline December 1, 2023	Page Limit
1) Letter of Intent  <b>Please send via email</b> to the K12 Program Manager, Diana Lee-Chavarria <a href="mailto:leeachar@musc.edu">leeachar@musc.edu</a> . This should include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Project Title</li> <li><input type="checkbox"/> Mentor(s) and Consultant(s)</li> <li><input type="checkbox"/> Description of proposed research project</li> <li><input type="checkbox"/> Your interest in applying to the program</li> </ul>	1 page

### Required:

Documents	Page Limit
2) NIH-formatted biosketch <ul style="list-style-type: none"> <li><input type="checkbox"/> Please list all prior funding/awards</li> <li><input type="checkbox"/> Please use the most updated NIH format: <a href="https://grants.nih.gov/grants/forms/biosketch.htm">https://grants.nih.gov/grants/forms/biosketch.htm</a></li> </ul>	5 pages
3) Mentors' NIH-formatted biosketches <ul style="list-style-type: none"> <li><input type="checkbox"/> Primary Mentor</li> <li><input type="checkbox"/> Members of mentor team</li> <li><input type="checkbox"/> Include updated Other Support</li> </ul>	5 pages/ea.
4) Consultant(s) biosketch(es), if applicable	5 pages/ea.

<p>5) Applicant CV</p> <p>This should include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Previous institution(s)</li> <li><input type="checkbox"/> Degree(s) and year(s) earned</li> <li><input type="checkbox"/> Doctoral thesis title</li> <li><input type="checkbox"/> Residency training institution, if applicable</li> <li><input type="checkbox"/> Title of specific training</li> <li><input type="checkbox"/> Previous/current funding</li> </ul>	<p>No limit</p>
<p>6) Candidate's Statement</p> <p>This section should address:</p> <ol style="list-style-type: none"> <li>1. <b>Track Record</b> – Creativity of the candidate and potential to lead excellent research judging by track record in some or all of the following: areas of expertise and prior training; publications; previous research experience and funded grants. <ul style="list-style-type: none"> <li>○ Describe any previous training in clinical and translational research (e.g., MSCR degree, MSTP program, previous mentor program, etc.).</li> <li>○ Give examples of opportunities you've had to engage in research (basic or clinical); describe your role in these projects.</li> <li>○ Highlight examples of your productivity (e.g., pursuing an original research question, analyzing data, pursuing extramural funding, and presenting or publishing your findings).</li> </ul> </li> <li>2. <b>Research Plan Overview</b> – Scientific value, potential clinical importance, and feasibility of the written research plan <ul style="list-style-type: none"> <li>○ State your long-term clinical and translational research career goal(s), including the type of research you plan to conduct, the clinical problem(s) your research will address, and the potential impact your research will have on human health.</li> <li>○ Explain how conducting the research project proposed in this application will prepare you to compete successfully for an NIH grant, such as a K23 or R01, and provide some scenarios for what that project would be.</li> <li>○ Note: A SCTR Biostatistics Consultation is required for all applicants. Schedule your consultation via SPARC as soon as possible. This will provide you valuable statistical and study design information that you will likely want to incorporate into your research plan.</li> </ul> </li> <li>3. <b>Mentor &amp; Training Plan</b> – Quality, appropriateness, and multidisciplinary complementarity of the proposed mentors, and plan for additional didactic and other training at MUSC or elsewhere <ul style="list-style-type: none"> <li>○ Explain what additional training you need to achieve your research career development goals. Using the K12 Needs Assessment form (available on the application webpage under "Supporting Documents"), identify specific areas where you have deficiencies and describe how you will obtain additional training in each area.</li> <li>○ Describe the roles each of your mentors will play. Be specific; cite examples from your proposed training or research plan whenever possible.</li> </ul> </li> <li>4. <b>Resources</b> – Tangible commitment and resources provided by the home department/division, and suitability of the available clinical and laboratory infrastructure and multidisciplinary team <ul style="list-style-type: none"> <li>○ Comment on the resources (space, staff, clinical materials, funds, etc.) provided by your department and mentors, and their adequacy to your career development. Be specific as to amounts that will be available to you for doing research.</li> </ul> </li> </ol>	<p>3 pages</p>

<p>5. <b>Career Potential</b> – Global assessment of the likelihood that you will develop a career as an outstanding investigator who will lead multidisciplinary teams and have an important impact on health</p> <ul style="list-style-type: none"> <li>○ Explain how you will benefit from the COM K12 program and how it will contribute to your career in multidisciplinary clinical and translational research.</li> <li>○ Comment on the leadership role you expect to play in your department in 5-10 years.</li> </ul>	
<p>7) Research Plan</p> <p>The research plan should be described along the lines of instructions contained in <a href="#">PHS 398</a>. It should be completed within two years so that an extramural grant application that includes these results can be submitted by the end of year two. Please include a detailed timeline for project initiation and conduct, completion of program requirements, and submission of an external grant application by the end of the second appointment year.</p> <p>Combine all files into a <b>single PDF</b> to upload. Templates and/or examples of certain documents are available on the application webpage under “Supporting Documents”.</p> <p><u>7-page limit</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Specific Aims</b> (1 page) <ul style="list-style-type: none"> <li>○ One aim should be specifically related to Translational Science; this can be an exploratory/secondary aim.</li> </ul> </li> <li><input type="checkbox"/> <b>Background &amp; Significance</b></li> <li><input type="checkbox"/> <b>Preliminary Studies</b></li> <li><input type="checkbox"/> <b>Research Designs and Methods</b> – should include a summary of your future research plan</li> </ul> <p><u>Not included in page limit</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>PHS Human Subjects and Clinical Trials Information</b></li> <li><input type="checkbox"/> <b>Literature Cited</b></li> <li><input type="checkbox"/> <b>Detailed Budget</b> for initial 12-month period</li> <li><input type="checkbox"/> <b>Budget Justification</b></li> <li><input type="checkbox"/> <b>Individual Development Plan</b> (available in “Supporting Documents”)</li> <li><input type="checkbox"/> <b>Scholar Needs Assessment</b> (available in “Supporting Documents”)</li> </ul>	<p>1 page: - Specific Aims</p> <p>6 pages combined: - Background &amp; Significance - Preliminary Studies - Research Designs &amp; Methods</p> <p>No page limit on other items</p>
<p>8) Letters of Support</p> <p>LOIs should be submitted electronically in InfoReady. Please combine into a <b>single PDF</b> to upload:</p> <ol style="list-style-type: none"> <li>1. <b>Primary Mentor</b> – include one paragraph on the mentor’s research focus</li> <li>2. <b>Department/Division Chair</b> – affirming 40% protected research time. This letter should indicate how applicant’s RVU and clinical commitment will be adjusted beginning 5/1/24 if the K12 is awarded.</li> <li>3. <b>Optional:</b> other members of your mentoring team</li> </ol> <p>Considerations for the Primary Mentor and Department/Division Chair letters:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Describe the goals and how you will foster an environment conducive to a successful clinical and translational career path</li> <li><input type="checkbox"/> Describe additional resources/experiences you might bring to bear during the candidate’s appointment to enhance their training and research agenda</li> </ul> <p>Letters should be addressed to: Aimee McRae-Clark, PharmD Susan Dorman, MD Medical University of South Carolina</p>	<p>1 page/each</p>

125 Doughty Street, Suite 140 Charleston, SC 29403	
<p>9) Mentors' Training &amp; Research Timetables</p> <p>A template and example are available on the application webpage under "Supporting Documents"</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Include all current and pending mentors</li> <li><input type="checkbox"/> Upload training table(s) for consultant(s), if applicable</li> </ul>	No limit
<p>10) Signed Signature Page</p> <p>Found on page 6 of this document. This form should be signed by the applicant, Primary Mentor, and Department Chair. The signatures signify an understanding and commitment to the COM K12 program if the candidate is awarded.</p>	1 page

**Whom do I contact for more information?**

Diana Lee-Chavarria, Program Manager

[leeachar@musc.edu](mailto:leeachar@musc.edu)

843.792.8205

## SIGNATURE PAGE

In addition to the candidate's letters of support, three additional signatures are required (the Primary Mentor, Department Chair, and Candidate) signifying an understanding and commitment to the COM K12 program if the candidate is awarded.

### Primary Mentor

As the Primary Mentor, I have read the potential scholar's K12 application package and provided constructive feedback, both for the career/training components and the research plan. I have read and agree to abide by the Mentor Expectations on page 4 of the COM K12 Program FAQs document. To the maximum extent possible I will meet regularly with the scholar. I understand that myself or another member of the mentorship team will be required to attend SCTR sponsored events, including the Annual Mentorship Training Symposium and the Joint K Orientation, as well as others stated in the Mentor Expectations.

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Signature of Primary Mentor

Date

### Department Chair

This individual is qualified for this program and will receive immediate priority for clinical coverage (if applicable), all requirements for protected time, and all financial needs according to the RFA.

As Chair of \_\_\_\_\_ (department name), **I agree to grant this individual the required 40% protected time.** I understand that this is a two-year award.

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Signature of Department Chair

Date

### Applicant/Candidate

I certify that the statements herein are true and complete to the best of my knowledge and that I will comply with all applicable COM K12 terms and conditions governing my potential appointment. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

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Signature of Applicant/Candidate

Date