



## 2019 NP/PA CLINICAL HEPATOLOGY FELLOWSHIP PROGRAM

**Application Deadline: December 4, 2019**  
**Fellowship Period: July 1, 2019 – June 30, 2020**

### Description

Designed to increase the number of associate providers in clinical hepatology, the purpose of this program is to provide salary and benefit support for certified and licensed Nurse Practitioners (NP) or Physician Assistants (PA) pursuing a full-year of training focused on clinical care in hepatology, beginning on July 1, 2019.

### Eligibility

In order to be eligible for this fellowship, the applicant must meet the following criteria:

1. The applicant must be a fully certified and licensed nurse practitioner, physician assistant, clinical nurse specialist or advanced practice nurse on or before July 1, 2019. (*no contingencies or exceptions*)
2. The applicant must have no more than 18 months of experience as an **NP, PA, CPN, APN** in hepatology and/or transplant hepatology (adult and/or pediatric) as of July 1, 2019.
3. The applicant must be a member of the American Association for the Study of Liver Diseases (AASLD) at the time of award application and maintain active membership for the duration of the award period.
4. The applicant must be mentored during the fellowship period by an AASLD member clinical hepatologist who dedicates at least 50% of his/her time to the care of patients with liver diseases.
5. Only one application per institution will be accepted for consideration.
6. The applicant's training must occur in an environment conducive to training in hepatology and that ensures the competencies of the NP/PA Clinical Hepatology Fellowship Curriculum will be obtained. The program must include:
  - A minimum of three clinical conferences per week. (May include grand rounds or multidisciplinary conferences.)
  - Participation in a liver biopsy conference. Training may include performance and management of liver biopsy if the trainee's licensing body, state, and institution permit this practice scope.
  - The majority of the applicant's time ( $\geq 80\%$ ) will be focused on clinical care in hepatology.
7. Exposure to hepatology clinical research is favored however the applicant shall not assume the role of the dedicated research coordinator to ensure sound fundamental training in all areas of liver disease management.
8. The applicant must be a citizen or permanent resident of the U.S., Mexico or Canada.
9. The applicant will not hold other, similar fellowships during the fellowship period (July 1, 2019 – June 30, 2020).

### Fellowship Details

A fellowship of \$78,000 will be provided for one year. Money is for *direct salary and benefit support only* for the fellow. Fellowships are granted to the individual applicant; not the applicant's institution. **However, funds will be paid directly to the recipient's institution.** The fellowship will include complimentary subscriptions to HEPATOLOGY and *Liver Transplantation* for the duration of the fellowship period. Fellowships cannot be transferred to another institution and recipients cannot change their mentor without prior written approval from AASLD Foundation (AASLDF).

## Selection Criteria

Candidates will be evaluated based upon their background and their commitment to a career in adult or pediatric clinical hepatology. Specifically, candidates will be reviewed based on:

- Professional potential of the applicant
- Evidence of personal commitment to a career in clinical Hepatology after the fellowship
- Experience, productivity, and commitment of the faculty mentor(s)
- Clinical environment
- Quality of proposed clinical program

**Incomplete applications and applications that fail to adhere strictly to the instructions (including the submission deadline, page limitations and required signatures) will not be reviewed.** All decisions are final.

## Reporting

Recipients and their mentors must provide quarterly reports documenting progress. The reports should contain patient log sheets summarizing case load, detailed conference and reading logs, and evaluation forms, all provided by AASLDF. The reports should also include a narrative description of what the recipient is doing differently than in the previous quarter as well as prior to the fellowship. A final report must be filed by the recipient and the mentor by August 31, 2020, summarizing activities related to this fellowship. Reports are to be sent to AASLDF and are not considered confidential. In addition, a financial report from the institution must be sent to AASLDF at the end of the fellowship year, together with any unexpended funds, no later than August 31, 2020. The recipient's institution will be notified of reports that are not received in a timely manner.

In the event that a fellowship is canceled, AASLDF cannot assume responsibility for expenditures in excess of payments already made to the recipient's institution prior to the effective date of cancellation. All unexpended funds must be returned to AASLDF. If a fellowship is to be canceled, the recipient must provide written explanation to AASLDF.

## The Liver Meeting®

The recipient is encouraged to attend and present work at The Liver Meeting®. Travel-related expenses incurred to for attendance will be reimbursed up to \$1,000 and according to guidelines provided prior to the meeting. Reimbursement funds that are not used to attend The Liver Meeting® 2019 will be forfeited.

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## Glossary

**Indirect Costs:** Costs that are necessary to support a particular activity project or program but that cannot be easily or directly attributed to such activity, project or program. Examples of indirect costs are rent, utilities, and administrative personnel.

**Mentor:** Senior professional who provide guidance, direction and support to the applicant. This person should have a vested interest in the career development and research experience of the applicant.

**Grant Administrator:** The staff member who oversees new grant agreements and grant payments; ensure that grants comply with relevant laws and regulations; guarantees that all required reports are submitted; and administers the grant after award.

# NP/PA Clinical Hepatology Fellowship Program Application Instructions

1. Use the forms provided on pages 5-6 as cover pages. Type or print responses.
2. Put your name (last name, first name) and the name of the fellowship in the upper right-hand corner of each page.
3. Use half-inch margins. Do not use lettering smaller than 10-point type.
4. Assemble the application package in the order listed in the Required Documents section.
5. Be sure to adhere to page limits. Applications that do not meet the requirements, in content or format, will not be reviewed.
6. The completed application and required documentation must be combined into and submitted as one PDF document. Name the PDF file as follows: *2019 NPPA – Last name, first name (Example: 2019 NPPA – Smith, John)*

## Submission

The application deadline for this fellowship is **11:59 PM Eastern time, December 4, 2019**. **Applications received after the deadline will not be reviewed.**

Submit your application at [www.liverresearchawards.org](http://www.liverresearchawards.org). You will be sent an email confirmation that the application was received. If an email confirmation is not received in 2 business days, please contact [awards@asld.org](mailto:awards@asld.org).

## Required Documents

**Submit *only* the documents listed below, using pages 5-6 as cover pages. Any additional documents (including letters of collaboration, additional letters of recommendation, or documents that exceed the stated page limitations) will be removed from consideration.**

1. **Cover Pages and Required Signatures** – Complete all information on pages 5-6 and use as application cover pages.
2. **Curriculum Vitae (Limit five pages)** – Provide a biographical sketch including any publications, abstracts, or presentations.
3. **License and Certification** – Provide copies of current license and certification.
4. **Bio-sketch of Mentor** – Provide a biographical sketch of the mentor using the standard, NIH Format. (SF 424 available at <http://grants.nih.gov/grants/funding/424/index.htm#biosketch>)
5. **Co-mentors** – Provide a list of co-mentors that will be involved in the applicant's training.
6. **Clinical Program Description (Limit five pages)** – Provide a detailed description of the program, including weekly conference schedule and weekly calendar with in- and out-patient care responsibilities and the percentage of time spent in each.
7. **Facilities Description (Limit three pages)** – The environment should be described, including access to patients, consultants and technical (including computer) resources.
8. **Candidate's Statement (Limit one page)** – Statement of applicant's career plans, including the significance of this fellowship to the applicant's career development, how this fellowship is a shift in focus, and why the applicant wants to pursue training in clinical hepatology. The candidate statement should demonstrate commitment to the field after the fellowship.
9. **Letter of Support from Primary Mentor (Limit one page)** – A letter should be provided from the candidate's mentor confirming his/her sponsorship of the applicant.

10. **Letters of Departmental Support (Two letters maximum, limit one page each)** – Letters should be provided from the director of the candidate’s department, division and/or gastroenterology training program. The letters should describe the commitment of institutional resources, support, and environment to the applicant and mentor.
11. **Two Additional Letters of Reference** – One letter should be from a previous and/or current employer or Educator; one letter should be from your current program director stating total time or experience in hepatology and/or transplant hepatology (adult and/or pediatric). The letters should describe work ethic, length of employment and/or study, and commitment to hepatology. Letters should be on institution letterhead and included with the final application package.

## **Funding Notifications**

Funding notifications for the 2019 awards cycle will be sent no later than May 1, 2019.



## APPLICATION FOR THE 2019 NP/PA CLINICAL HEPATOLOGY FELLOWSHIP

**Applicant Name:**

**Sponsoring Institution:**

**Please check all that apply:**

- I am currently a certified and licensed (Please indicate which applies):
  - Physician Assistant
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Advanced Practice Nurse
  
- I am not currently a certified and licensed PA, NP, CNS, or APN, but will be on or before July 1, 2019.  
Please explain: \_\_\_\_\_
  
- I will have less than 18 months experience in hepatology and/or transplant hepatology (adult and/or pediatric) as an NP, PA, CNS, or APN at the beginning of the fellowship period, July 1, 2019.  
Start date as an NP, PA, CNS, or APN in hepatology (Month/Year): \_\_\_\_/\_\_\_\_
  
- The majority of my time ( $\geq 80\%$ ) will be focused on clinical care in hepatology.

I am a:

- US citizen  Mexico Citizen  Canada Citizen  Permanent resident of the US, Mexico or Canada

Applicant's AASLD Member Number: \_\_\_\_\_

Mentor's AASLD Member Number: \_\_\_\_\_

What is the percentage of mentor's time spent in care of patients with liver disease? \_\_\_\_\_

# APPLICATION FOR THE 2019 NP/PA CLINICAL HEPATOLOGY FELLOWSHIP PROGRAM

## APPLICANT INFORMATION

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Applicant (last, first, middle initial)

AASLD Member Number

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Degree(s) and year(s) granted

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Current Position

Appointment Date (month & year)

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Address

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Telephone

Email

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Sponsoring Institution

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Mentor (last, first, middle initial)

AASLD Member Number

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Address

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Telephone

Email

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Institution's Grants Administrator

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Grants Administrator's Address

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Grants Administrator's Phone

Grants Administrator's Email

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Institution Fiscal Officer, if different (please print)

### Required Signatures

**NOTE:** By signing below, you are certifying that the information in this application is accurate and that you understand that AASLDF guidelines do not allow for any indirect costs (e.g. facilities management and utilities; general-purpose or capital equipment; travel; memberships and dues; subscriptions/books/periodicals; etc.).

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Signature of Applicant

Name

Date

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Signature of Mentor

Name

Date

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Signature of Department Chair

Name

Date

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Signature of Grants Administrator

Name

Date