



ABMS Visiting Scholars Submission Form: 2025 - 2026

Account Profile

First Name
Last Name
Institution Address
Office Phone
City
State
Zip
Office Phone
Email Address
Position/Title
Organization/Institution
Credentials

Project Title

Please enter the title of your research project (max – 25 words).

Applicant Diversity, Equity and Inclusion

Please complete the following questions regarding your ethnicity, age, and practice setting. One of the goals of the ABMS Visiting Scholars program is to engage a diverse representation of applicants (age, ethnicity, practice setting).

- I. Ethnicity/Race (optional)
 - American Indian or Alaska Native
 - Asian
 - Native Hawaiian or Other Pacific Islander
 - Black or African American
 - Hispanic, Latino or of Spanish Origin
 - White
 - Unknown
 - Multi-Racial
 - Do not wish to answer
 - Other- Let me type (see next question)

2. Ethnicity/Race – If you selected other, type in here.

3. Age (optional)

Practice Information

1. Practice Setting (select one primary setting).

- Academic health center/faculty practice
- Federal (Military, Veterans Administration, Department of Defense)
- Federally Qualified Health Center (FQHC)
- Hospital-based (employed by a hospital or health system)
- Non-federal government clinic (e.g., state, county, city, maternal and child health, penal system, etc.)
- Private group practice
- Private solo practice
- Public or Indian Health Service
- Other (write in next field)

2. If you select other above, write in your practice setting.

3. I am currently completing or have completed an ACGME-accredited residency program in:

- Allergy and Immunology
- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Medical Genetics and Genomics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology – Head and Neck Surgery
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry and Neurology
- Radiology
- Surgery
- Thoracic Surgery

- Urology
 - Other (write-In)
4. If you select other above, indicate your professional or academic discipline (PhD, Public Health, Health Services Research, etc.).

Research Project Information

Help us understand how your project supports the research priorities and interest of the ABMS Research and Education Foundation (REF), participating ABMS Member Boards and the Gordon and Betty Moore Foundation.

1. Select one or more of the ABMS Research and Education Foundation priorities and/or research priorities of the ABMS Member Boards (targeted research priorities are linked above). Select all priorities that apply.
 - Diagnostic and prognostic excellence through initial or continuing certification, within and across specialties
 - Adoption of competency-based medical education and innovative assessments for initial or continuing certification
 - Health care equity and diversity across the continuum of physician professional development
 - Trainee and diplomate engagement in quality and safety activities, especially if related to improving physician well-being
 - Intersection between a physician's work, technology (e.g., electronic health records or artificial intelligence), and certification
 - The research priorities of co-sponsoring Member Boards:
 - American Board of Allergy and Immunology
 - American Board of Dermatology
 - American Board of Emergency Medicine
 - American Board of Internal Medicine (Foundation)
 - American Board of Obstetrics and Gynecology
 - American Board of Ophthalmology
 - American Board of Orthopaedic Surgery
 - American Board of Physical Medicine and Rehabilitation
 - American Board of Radiology – Diagnostic Radiology
 - American Board of Radiology – Interventional Radiology
 - American Board of Radiology – Medical Physics
 - American Board of Radiology – Radiation Oncology
 - American Board of Urology

2. Indicate the specialty(ies)/academic discipline the proposed project aligns with (select all that apply).
 - Allergy and Immunology

- Anesthesiology
- Colon and Rectal Surgery
- Dermatology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Medical Genetics and Genomics
- Neurological Surgery
- Nuclear Medicine
- Obstetrics and Gynecology
- Ophthalmology
- Orthopaedic Surgery
- Otolaryngology – Head and Neck Surgery
- Pathology
- Pediatrics
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Preventive Medicine
- Psychiatry and Neurology
- Radiology
- Surgery
- Thoracic Surgery
- Urology
- All Specialties (above)
- Other (write-in next field)

3. If you selected (other) above, write in academic discipline related to this project (e.g., Health Systems Science, Public Health, Mental Health).

Research Project Overview: Background Questions, Evidence, Methodology and Personal Statement

Tell us about your project.

1. Provide project abstract/summary, including how the results will influence current/future processes of initial and continuing certification (500 words limit).
2. List three research questions this project aims to address: (150 words limit).
3. Provide the background evidence for the proposed project, including any relevant published literature supporting the need for the research project (500 words limit). You will have the opportunity to upload additional literature references in the uploads section.
4. Describe the proposed research methodology (i.e., quality improvement, qualitative, quantitative, implementation science), and data analysis plan for this project (300 words limit).

5. Describe the expected outcomes at the end of year-long program (250 words limit).
6. Consider how the proposed research project may impact (directly or indirectly) health care equities and/or contribute to the development of a diversified physician workforce (250 words limit).
7. In addition to your presentation to the certification community, how do you plan to disseminate your research findings? Identify any conferences, meetings, poster sessions and journals to which you plan to submit your work for presentation or publication (300 words limit).
8. **Personal Statement**
Describe your leadership experience, and your professional interest in board certification and self-regulation. How will your experience as an ABMS Visiting Scholar contribute to the larger certification community and impact your professional development goals (300 words limit).

Research Mentor and Institutional Contact

Provide the following information about your research mentor (mentor may or may not be associated with your home institution); and information about the institutional grant officer (primary contact) at your organization.

1. **Research Mentor**

Provide the following information about your **research mentor** (first name, last name, credentials, position, and institutional affiliation).

E.g., Dan Smith, MD, MS, Associate Dean, University of Arizona

2. **Research Mentor Contact Information**

Provide your research mentor's institutional address, email and phone number.

E.g., 4550 W. East University, Suite 400, Tucson, AZ, 50534, dsmith@weuniversity.edu; 212-235-2310 ext 50.

3. **Primary Institutional Grant Officer**

Provide the following information about the **primary institutional contact/and or grant officer** (individual responsible for executing research grant letters of agreement) at your organization (first name, last name, institution name, job title).

E.g., Tony Jackson, Grant Officer, Florida Hospital and Health System

4. **Primary Institutional Grant Officer Contact Information**

Provide the grant officers institutional (primary contact) grant officer information (mailing address, suite, office #, City, State, Zip, Email address, Phone Number).

E.g., 3434 W. Canal Street, Suite 1500, Jacksonville, FL 50544, tjackson@florida.org, 245-456-0878 ext 1220

5. Have you sought advice or assistance from a representative of an ABMS Member Board?
 - Yes

- No
 - No, but would be interested in connecting with an ABMS Member Board representative relevant to the scope of the proposed research project.
6. If yes, provide the name of the member board representative and their role with the member board.

IRB Status, Project Timeline and Budget

1. Indicate the IRB status of your project.
 - IRB approval received
 - IRB submitted and pending approval
 - IRB application not submitted (at time of application)
 - IRB Exempt (upload letter in supporting documentation section)
 - Other (explain below)
2. If you selected IRB approval pending, indicate the expected approval date; If you selected other, please explain.
3. **Project Timeline**

Provide an overview of your project implementation timeline identifying at least **three** but no more than **eight** project milestones.

 - Milestones should demonstrate progress toward completion of the research.
 - Plan for dissemination of results should be included as a milestone.
 - Completion dates can be extended past the year of Visiting Scholar participation, recognizing ongoing research, analysis of dissemination efforts, etc.
4. **High-Level Total Project Budget**

If you would like to upload your research project budget, you may do so in the supporting documentation section. If uploading, write 'upload' below.

Provide a high-level total project budget (\$15,000) including anticipated travel expenses and research costs.

 - Travel: Consider expenses associated with attending up to three two-day face to face meetings
 - Research: Consider data procurement, data entry, analytic support
 - Other
5. Does your overall projected budget exceed \$15,000?
 - Yes
 - No
6. **Potential Additional Sources of Funding**

If your proposed project budget exceeds \$15,000, indicate potential sources of additional support, such as institutional in-kind assistance, or other funding sources. If your budget does not exceed \$15,000, write in n/a.

Supporting Application Documentation (uploads)

1. IRB Approval (upload letter, exempted letter or approval not required). If n/a, skip.
2. Provide two letters of recommendations (Required): Provide two letters of recommendations. One should be from your research mentor, who may or may not be affiliated with your institution. The other letter should be from your program chair, associate/assistant dean, research program director, or other program supervisor. Both recommendation letters should include the applicant's name, position, and work relationship.
3. Budget Plan – If you would like to upload your budget plan, please attach. If this was addressed in the previous section, you may skip this question.
4. Upload a current CV (Required).
5. Literature Review – you may upload any additional literature review related to your project. If not relevant, you may skip this question.

Permission Statement, Scholar ID and Feedback

1. I certify that the information submitted is my own work and that all of the statements are honestly and completely presented.
 - Yes
2. If selected as an ABMS Visiting Scholar, I will give ABMS the permission, right and license to use and reproduce my image and information provided, without compensation and in whole or in part, in or for any ABMS Press Releases, ABMS website content, and/or ABMS print and electronic communications (including recap summaries), whether internal or external audiences.
 - Yes
 - No
3. Insert your research scholar ID that encompasses all of your research (ORCID ID, Google Scholar, etc.).
4. How did you learn about the ABMS Visiting Scholar Program?