

AMERICAN RESPIRATORY CARE FOUNDATION

NBRC/AMP H. Frederic Helmholtz, Jr., MD Educational Research Endowment Application Information and Instructions

The NBRC/AMP has provided an endowment to the American Respiratory Care Foundation (ARCF) to support up to \$5,000 annually for educational or credentialing research, a Master's thesis, or Doctoral dissertation with practical value to the respiratory care profession.

General Instructions

Submission of Application Forms

Use the attached form to apply for the NBRC/AMP H. Frederic Helmholtz, Jr., MD Educational Research Endowment. Use English only and avoid jargon and unusual abbreviations. The application should be typed, single spaced and must stay within the margin limitations indicated on the form and continuation pages. Continuation pages must be 8 ½" X 11", good quality, white bond paper. Draw all graphs, diagrams, tables and charts in the body of the application; submit them in an appendix.

Mail or deliver the completed and signed original and four photocopies of the application and any Appendix materials to:

American Respiratory Care Foundation (ARCF)
9425 N. MacArthur Blvd., Suite 100
Irving, TX 75063

Do not submit an incomplete application. Do not submit additional material pertinent to an application after the receipt date, unless it is requested or agreed to by prior discussion with the Chairman of the ARCF Board of Trustees.

A complete application should be submitted by June 30 for consideration of the annual award. The ARCF Board of Trustees will utilize appropriate consultants to assure a complete review of the application. Applicants will be notified by August 1 of the ARCF's decision regarding award of a grant. The grant and certificate are presented at the AARC Awards Ceremony during AARC's Annual International Congress. The ARCF will cover the travel expenses for the award recipient to attend the International Congress to receive the award.

The ARCF reserves the right to recall funds granted for a project, if they are being misused or if sufficient progress is not being made.

Progress Reports

Summary reports must be submitted periodically and must be properly identified with the title and name of the principal investigator. Publications related to the research must acknowledge the support of the ARCF; five reprints of such reports must be sent to the ARCF upon publication.

AMERICAN RESPIRATORY CARE FOUNDATION
Application for Grant from the
NBRC/AMP H. Frederic Helmholtz, Jr., MD Educational Research Endowment

Read Instructions Carefully

Complete this section if an individual is applying

Name _____
 Social Security Number _____
 Mailing Address _____
 Position Title _____
 Department, Service, Laboratory or Equivalent _____
 Major Subdivision _____
 Telephone(_____) _____

Complete this section if an institution/organization is applying

Institution/Organization Name _____
 Mailing Address _____
 Department, Service, Laboratory or Equivalent _____
 Telephone (_____) _____
 Major Subdivision _____
 Fiscal Officer (Name, title, address, telephone) _____

 Official signing for Institution/Organization (Name, title, address, telephone number) _____

 Type of Organization: Private Nonprofit Public (Specify federal, state or local): _____

All applicants must complete the following section

Human Subjects, Derived Materials or Data Involved? No Yes

Dates of Entire Proposed Project Period From: _____ Through: _____

Performance Sites (Organizations and addresses where the project will be conducted) _____

Were any inventions conceived or reduced to practice during the course of the project? No Yes

Principal Investigator/Program Director Assurance:

I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

Signature of Principal Investigator/Program Director _____
In ink. "Per" signature not acceptable Date

Institution Certification and Acceptance (to be completed if other than principal investigator):

I certify that the statements herein are true and complete to the best of my knowledge, and accept the obligation to comply with ARCF terms and conditions if a grant is awarded as a result of this application.

Signature of Applicant Organization Official (if required) _____
In ink. "Per" signature not acceptable Date