

## Dermatology Career Development Award Applicant Eligibility Checklist

This checklist is required to ensure the eligibility of Dermatology Career Development Award applicants. A **signed** checklist must be uploaded to the online application in the Upload Attachments section and returned via email to Kris'tina Ackerman at [kackerman@curemelanoma.org](mailto:kackerman@curemelanoma.org) before October 21, 2024. Electronic/digital signatures are permitted.

Applicant Name: \_\_\_\_\_ Position Title: \_\_\_\_\_

Title of Project: \_\_\_\_\_

YES	NO	Please answer the following:
		1. Does the applicant currently hold the title of Junior Faculty, Clinical Instructor, Assistant Professor, or Clinical Fellow (board eligible or certified), or a title used by their institution to describe early career faculty?

<i>If answer to question 1 is 'NO', please answer questions 2-3:</i>		
		2. Will the applicant hold by June 1, 2025 the title of Junior Faculty, Clinical Instructor, Assistant Professor, or Clinical Fellow, or a title used by their institution to describe early career faculty? <i>**If you do not hold one of these titles, but believe your position makes you eligible for this award, please contact Nico Starink at <a href="mailto:nstarink@curemelanoma.org">nstarink@curemelanoma.org</a> to confirm.</i>
		3. Is the applicant able to apply for research grants as an independent Principal Investigator?

**\*\*NOTE: You must answer "YES" to either question 1, OR questions 2 & 3, to be considered eligible.**

<i>All applicants please answer questions 4-5</i>		
		4. Has the applicant held this, or any other full-time, independent faculty-level position, at any institution, prior to November 4, 2019?
		5. Does the applicant currently have, or will have by June 1, 2025, defined laboratory space that the applicant controls independent from other staff?

<i>If the answer to question 5 is 'NO', please answer question 6:</i>		
		Will the applicant will be permitted their own designated laboratory space, for the duration of the proposed project, by another individual? Please provide the Name, Title, and Department of the head of the laboratory where the applicant will be conducting their project:  _____
		(Name, Title, Department) <i>*The above-mentioned individual is required to sign below</i>

**\*\*NOTE: You must answer "NO" to question 4 to be considered eligible. And you must either answer "YES" to question 5, OR answer "YES" and provide a name for question 6 to be considered eligible.**

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## Research Alliance

**Applicant Signature:**

\_\_\_\_\_  
(Signature)

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Department Chair, Division Head, or Dean:**

\_\_\_\_\_  
(Signature)

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Head of Laboratory where Applicant will be  
conducting project (if applicable):**

\_\_\_\_\_  
(Signature)

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_