

## **AO North America Resident Research Support Program**

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AO North America is aware that available funds to support worthwhile Resident clinical research projects are very limited. The Trustee Council of AO North America (AONA) has therefore decided to allocate funds each year to support worthwhile Resident research projects.

### **Guidelines:**

1. Normally, support of each grant approved shall not exceed \$5,000.00. If the research project submitted will cost in excess of \$5,000.00, no funds will be released from AO North America until the applicant is able to provide documentation that the additional funding necessary to complete the project has been secured from other sources.
2. AO North America will not provide funds to purchase instruments or implants for research projects being funded. The applicant must obtain such materials from the appropriate manufacturer.
3. AO North America will also not provide funds for capital equipment, such as computers or laboratory instrumentation, nor will it provide funding to support salaries or travel expenses for research personnel. Also, please note that no overhead or indirect costs are to be imposed by the recipient institution.
4. Only one grant will be awarded per resident in a calendar year, and no more than two grants will be funded per residency program per year.
5. The AONA Awards Committee will collect applications received and review them on a quarterly basis: January 15, April 15, July 15, and October 15. Those who submit projects for consideration during these periods should expect a funding decision from AONA within 3 weeks of the applicable review date.
6. AO North America requires a progress report on the project one year after funding has been provided, and a final report following completion of the project. Applicants who receive funding from AO North America will also acknowledge AONA's support in any resulting publications or presentations.
7. If all of the grant monies provided are not utilized for this specific research project, the remaining funds must be returned to AO North America.
8. When an application is approved, the AONA office will call the applicant to obtain information as to how the check should be endorsed and to whom it should be sent.

***INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED***

## Application for AONA Resident Research Support

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**Information pertaining to Applicant:**

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Permanent Home Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Home Telephone No.** \_\_\_\_\_

**Name of University/Hospital/  
Training Program** \_\_\_\_\_

**Name of Head of Department** \_\_\_\_\_

**Complete Address of Hospital** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Hospital/Office Telephone No.** \_\_\_\_\_

**Hospital/Office Fax No.** \_\_\_\_\_

**Present Position** \_\_\_\_\_

**Director of Surgical Service** \_\_\_\_\_

**Research Project Preceptor  
(Sponsoring Faculty)** \_\_\_\_\_

**Postgraduate Year:** *(please circle)*      1      2      3      4      5

Send completed application and documents to:

**AO North America**  
1700 Russell Road  
PO Box 1755  
Paoli, PA 19301  
Phone: 610-993-5100  
Fax: 610-695-2420

**Application for AONA Resident Trauma Research Support** *(continued)*

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**Information pertaining to project (add an additional sheet if necessary):**

Proposed start date: \_\_\_\_\_

Title of Project

Expected completion date: \_\_\_\_\_

**Brief Hypothesis**

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**Proposed Methods**

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**Outcomes to be evaluated**

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**Budget and Total Amount Requested**

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**Check should be made Payable to: (if awarded grant) (Hospital/Department/Address)**

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**NOTE:** If more than \$5,000.00 is required for the research project, alternate sources of funding must be confirmed in writing.  
Please attach a brief protocol of project including a review of literature and any other pertinent supporting data if applicable.

\_\_\_\_\_  
**Name of Program Director (Please type)**  
**Title**

\_\_\_\_\_  
**Signature of Program Director**  
**Date**