

**UROLOGY CARE FOUNDATION
PHYSICIAN SCIENTIST RESIDENCY TRAINING AWARD – PROGRAM SITE
APPLICATION AGREEMENT FORM**

Your application for the **Urology Care Foundation Physician Scientist Residency Training Award – Program Site** will not be accepted or reviewed until this four-page form is completed and submitted with your application. **Any forms received after 5:00 p.m. local time on Tuesday, August 8, 2017 will not be accepted.** Please type all responses except where signatures are requested.

Name of Principal Investigator (PI): _____

Title of Application: _____

Institution and Address: _____

E-mail Address: _____

Phone Number(s): _____

PRINCIPAL INVESTIGATOR SECTION

I agree to notify the AUA Office of Research immediately if there are any significant changes to my application or award, should it be granted, for the Physician Scientist Residency Training Award – Program Site. I certify that the statements and information included in my application and on this agreement form are true and complete to the best of my knowledge. If my institution is named as an approved Program Site for this award and matched with a trainee, I agree to conduct this program according to the guidelines as described in the Physician Scientist Residency Training Award – Program Site Program Announcement, including:

- 1) Ensure that the Urology Care Foundation and award sponsor are acknowledged in any publication arising from work supported by the Physician Scientist Residency Training Award.
- 2) Notify the AUA Office of Research in writing of any address/contact information change, receipt of additional funding, change in project status, change in mentor(s) and/or personnel involved in the project, or any other significant change to the program as described in the proposal before or during the award period of performance.
- 3) Ensure the attendance of the trainee at all required Urology Care Foundation and AUA Office of Research activities unless approval to not attend the activities has been granted by the Office of Research.
- 4) Adhere to both research progress reporting and financial reporting requirements of the program.
- 5) Maintain an AUA membership in good standing, and ensure the AUA membership of the trainee, during the award period.

I understand and acknowledge the following:

- 1) The Urology Care Foundation does not withhold taxes from the award (i.e., federal withholding, social security, local taxes, etc.) and the Physician Scientist Residency Training Award recipient will be responsible for filing any and all taxes.
- 2) The award will be for a period of eight years, for the full duration of the clinical and research years of the trainee's residency, and that the trainee will maintain no less than 80% protected time for research during his or her research years.

Principal Investigator Printed Name

Principal Investigator Signature

Date

UROLOGY DEPARTMENT CHAIR SECTION

I certify that the information included in this agreement form and the above mentioned PI's application is complete and true to the best of my knowledge. I agree that all necessary support will be provided for the proposed program, which will include but not be limited to an appropriate research and training environment, laboratory equipment, and supplies to perform the research and ensure the development of the trainee for the duration of the award performance period. I understand that if my institution is named an approved Program Site for the Physician Scientist Residency Training Award and a trainee is assigned to my institution, I will ensure that the training program is implemented in accordance with the guidelines as described in the Physician Scientist Residency Training Award - Program Site Program Announcement, including:

- 1) Ensuring that the Urology Care Foundation and award sponsor are acknowledged in any publication arising from work supported by the Physician Scientist Residency Training Award.
- 2) Notifying the AUA Office of Research in writing of any address/contact information change, receipt of additional funding, change in project status, change in mentor(s) and/or personnel involved in the project, or any other significant change to the program as described in the proposal before or during the award period of performance.
- 3) Adhering to both research progress reporting and financial reporting requirements of the program.

I understand and acknowledge the following:

- 3) The Urology Care Foundation does not withhold taxes from the award (i.e., federal withholding, social security, local taxes, etc.) and the Physician Scientist Residency Training Award recipient will be responsible for filing any and all taxes.
- 4) The award will be for a period of eight years, for the full duration of the clinical and research years of the trainee's residency, and that the trainee will maintain no less than 80% protected time for research during his or her research years.

Urology Department Chair Printed Name

Urology Department Chair Signature

Date

SPONSORING INSTITUTION SECTION

Please type all responses except where signatures are requested. As an accredited medical research institution, we agree to provide adequate support to the above listed project, including responsibility for the adequacy of the research environment, laboratory equipment, and the supplies to perform the proposed research and development of the trainee. We understand that, if this institution is named an approved Program Site for the Physician Scientist Residency Training Award and a trainee is assigned, the Principal Investigator must complete the proposed program in accordance with the guidelines as described in the Program Announcement, including:

- 1) Notifying the AUA Office of Research in writing of any address/contact information change, receipt of additional funding, change in project status, change in mentor(s) and/or personnel involved in the project, or any other significant change to the program as described in the proposal before or during the award period of performance.
- 2) Adhering to both research progress reporting and financial reporting requirements of the program.

We understand and acknowledge the following:

- 5) The Urology Care Foundation does not withhold taxes from the award (i.e., federal withholding, social security, local taxes, etc.) and the Physician Scientist Residency Training Award recipient will be responsible for filing any and all taxes.
- 6) The award will be for a period of eight years, for the full duration of the clinical and research years of the trainee's residency, and that the trainee will maintain no less than 80% protected time for research during his or her research years.

Institutional Representative Signature

Name (Printed)

Date

Please provide contact information for a designated grant administrator at your institution. *Payments and any administrative inquiries will be directed to this individual.*

Name: _____

Title: _____

Street Mailing Address (no P.O. Boxes):

Phone: _____

E-mail: _____

Institution Tax ID# _____

Payment Mailing Address (if different from above):
