 Department Chair’s/Division Chief’s Comments of Support

**Date:**  [Insert Date]

**To:** Skin of Color Society Research Committee

**From:**  [Insert Your Name]

**Email:** [Insert Your Email]

**Re:**  [Insert Applicant’s Name]

**Award:** SOCS Career Development Award

**Instructions: *This form must be completed by the Dermatology Department/Division Chair/Chief.*** Please be sure to respond to each question ***thoroughly***. Keep in mind, the applicant’s potential to contribute to dermatology, mentor, training environment, and the institution’s support of the applicant are key criteria in the application review process.

1. **Provide an outline of a 3-year plan defining the department’s commitment to the applicant including:**
	* + - 1. **a description of the training environment and the supervision that will be provided,**

[Insert your response]

* + - * 1. **additional funds that are committed to support the applicant’s research,**

[Insert your response]

* + - * 1. **other departmental commitments and resources that will be devoted to support the applicant including, but not limited to, salary, protected time, personnel, and space allocations, and**

[Insert your response]

* + - * 1. **the qualifications of the mentor for development of the applicant’s career.**

[Insert your response]

1. **Describe future funding plans for the applicant.**

[Insert your response]

1. **Identify the importance of the project and the award to the applicant and the institution, including how this project will lead to future research proposals and the professional development of the applicant.**

[Insert your response]

1. **Describe the dermatology department/division’s track record in obtaining NIH funding including number of award recipients and awards received.**

[Insert your response]

1. **Describe any additional plans for the candidate’s career development that are not identified in prior sections (e.g., applicant’s likelihood for success).**

[Insert your response]

1. **Provide other comments of support below that you believe the committee needs to consider in evaluating this applicant’s research proposal.**

[Insert your response]

1. **The applicant’s position at the time of funding (i.e., April 1, 2021) will be:**

[Type position title here]

1. **Certification**

I certify  [Name of applicant]

will have the protected time to complete the proposed project.

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 *Signature of Department Chair/Chief Date*