

American Society of Hematology

International Members Committee

2013 Visitor Training Program Application

(Submission Deadline: May 2, 2013)

1. Purpose

The purpose of the Visitor Training Program (VTP) is to help build hematology capacity in developing countries, ultimately improving patient care and/or research. The VTP provides funding for hematologists, scientists, or laboratory staff working in hematology in developing countries to receive training on a specific topic or technique for up to 12 weeks. Training is carried out in a clinic or laboratory under the mentorship of an ASH member. Upon completion of the training, participants return to their home institution to implement the training and share their newfound knowledge with their colleagues.

2. Benefits

- ASH will fund approved costs for travel and living expenses (applicants must submit a budget).
- By implementing the training in their home institution, awardees will have the opportunity to increase hematology capacity for themselves and their colleagues, ultimately leading to improved patient care and/or research.
- By training with an ASH member, the awardee will participate in the rigorous scientific community of ASH.

3. Eligibility

Applicants

- Physicians, scientists, and hematology laboratory staff working in a hospital or a research institution in one of the countries defined as developing by ASH are welcome to apply. A list of countries is available on the ASH Web site at: http://hematology.org/Global/2634.aspx.
- Applicants may be at any stage in their careers.
- Applicants do not need to be ASH members.

Application

- The primary focus must be on specific training in procedures that will benefit the applicant's home institution.
- Relevant equipment and supplies must be available at the home institution.
- The VTP is intended to build capacity. Participants must implement the training at their home institution upon their return. Individual research projects will not be considered.
- Applications are reviewed by the ASH International Members Committee. Therefore, applications are not accepted from institutions where a member of the International Members Committee currently practices hematology.

Host institution and mentor

- The host institution can be located anywhere in the world.
- The host mentor may be from any country.
- The host mentor must be a current ASH member in good standing on the day the application is submitted.

4. Selection Committee

The ASH International Members Committee (IMC) oversees the program and selects participants.

5. How to Apply

Step 1: Identify a specific topic or technique that will benefit your hospital or institution.

Your hospital/laboratory must have the infrastructure to support and implement the training you would have received. For example, if you wish to receive training in flow cytometry, your hospital must have a flow cytometer and financial resources to purchase relevant supplies and maintenance.

Step 2: Identify and contact a host mentor.

The host mentor must be an ASH member in good standing on the date of the application deadline and may be located anywhere in the world. The host mentor must agree to the responsibilities of participating in the VTP. Applicants are strongly encouraged to identify their mentor independently; however, if you wish to have assistance identifying a mentor, please submit a statement of intent. For more information on the optional letter of intent, see section 8.

Step 3: Propose a budget.

The budget must reflect realistic expenses. Applications with modest budgets and/or in-kind (donated) support will be considered favorably by the IMC. Applicants may request assistance determining a budget. For more information, see section 8.

Step 4: Complete the required application forms and additional documents, including the checklist.

The application forms are found below on pages 6-9. <u>Incomplete applications will not be considered.</u>

Step 5: Submit all the documents by the appropriate deadline.

6. Application Guidelines

All documents listed below in sections A, B, and C must be submitted with the application. *Incomplete applications will not be considered.*

A. To Be Submitted by the Applicant

Documents submitted electronically are preferred and must be named using the following format: FamilyName_FirstName_VTP Application.

The following materials must be submitted as one final document:

1. Visitor Training Program Application Form

- The application is available on the ASH Web site.
- This form must be typed and **ALL** sections must be completed.
- Include all the relevant signatures (applicant, supervisor at home institution, host mentor).
- Original signatures may be scanned, but signatures in type font will **not** be accepted. *Incomplete forms will not be accepted.*

2. Applicant Curriculum Vitae

• Please attach you most current Curriculum Vitae form to your final application.

B. To Be Submitted by the Applicant's Immediate Supervisor or Department Head Home Institution Support Form (Appendix A)

This form must:

- Be completed by the appropriate home institution representative.
- Be typed
- Include the signature of the applicant's immediate supervisor or department head (original signatures may be scanned; signatures in type font will **not** be accepted.)
- Be received by the deadline. Forms may be submitted directly to ASH by the supervisor/department head. <u>It is the applicant's responsibility to ensure the home institution has submitted the form by the deadline.</u>
- If submitted electronically (preferred), save the document using the naming format: ApplicantFamilyName_ApplicantFirstName_HomeInstitutionForm. Forms may also be submitted via fax or post. Refer to section 9 for details.

C. To Be Submitted by the Applicant's Proposed Host Mentor

Host Institution Letter of Recommendation

Letters must:

- Be on an official letterhead.
- Describe how the proposed training will be conducted, describe the infrastructure available to support the trainee, list any prior experience with similar training/mentorship, and provide any other relevant information.
- Include the mentor's ASH membership number. Mentors must be members of ASH in good standing on the day the application is received. *It is the host mentor's responsibility to ensure he or she is an ASH Member in good standing.* Mentors may be from any country in the world.
- Confirm that the proposed budget is reasonable and specify whether the host institution will provide any in-kind (donated) funding.
- Include the signature of the proposed institution mentor (original signatures may be scanned; signatures in type font will not be accepted.)
- Be received by the deadline. Letters may be submitted by the host mentor directly. <u>It is the applicant's responsibility to ensure the host mentor has submitted the form by the deadline.</u>
- If submitted electronically (preferred), save the document using the naming format: ApplicantFamilyName_ApplicantFirstName_HostMentorLetter. Forms may also be submitted via fax or post. Refer to section 9 for details.

7. Checklist

Anemia

Please	ensure that all items on the following checklist are submitted. Completed VTP Application Form including: Proposed Budget Statement of Training Host Mentor and Institution ASH Membership Number of Host Mentor Signature of Applicant Signature of Immediate Supervisor Signature of Host Mentor Appendix A: Home Institution Support Form The applicant's most current Curriculum Vitae Host Institution Letter of Recommendation
Althoug may re	quest Assistance in Selecting a Mentor and/or Creating a Budget gh applicants are strongly encouraged to identify and contact their own host mentor, applicants quest assistance in selecting a mentor and creating a budget by sending a statement of intent. Eatement is optional. The statement must be received by February 28, 2013. Your statement
•	Include your name, institution, and contact details. Be typed and submitted electronically using the naming format: FamilyName_FirstName_StatementOfIntent. Statements may also be submitted via fax or post. State the training you would like to receive. The topic must be focused. State what the goal of the training will be. State how the training will benefit your home institution. State what equipment, reagents, pharmaceuticals, etc. are available at your home institution to implement the training. If you are requesting assistance in identifying a host mentor: State whether the mentor should be a clinician or laboratory scientist. Please clearly indicate the subspecialty of the desired host mentor from the choices below. If you do not choose one of these options, you will be unable to be placed with a mentor.

☐ Aplastic Anemia/Bone Marrow Failure

☐ Bleeding Disorders	☐ Myelodysplastic Syndromes
Gene Therapy and Transfer	☐ Myeloproliferative Disorders
☐ Hematologic Malignancy	Pediatric Hematology/Oncology
☐ Laboratory Management	Sickle Cell Disease
Leukemia	☐ Thrombosis & Hemostasis/Blood Clotting
Low Platelet Counts	☐ Transfusion Medicine
Low White Blood Cell Counts	Transplantation Medicine
Lymphoma	

Please note that ASH can only make suggestions for a host mentor; ASH cannot guarantee placement with a host mentor.

- If you are requesting assistance in creating a budget:
 - State any additional funding you will receive (for example, from your home institution).
 Applications with modest budgets and/or in-kind support will be considered favorably by the IMC.
 - o State the expected duration of training.
 - o State the expected city in which the training will take place.
 - o State the airports you will fly to and from for the training.
 - o State any special budget considerations.

9. Deadline and Submission

- All materials must be submitted no later than May 2, 2013, midnight Eastern Daylight Time (EDT).
- Submission may be electronic or by fax or post.

Electronic submission (preferred): Save documents according to the formatting requirements stated above and send to *cwillett@hematology.org*

Fax: +1 202 776 0545, Attention: Chase Willett, International Programs Specialist

Post: ASH Visitor Training Program, Suite 900, 2021 L Street, NW, Washington, DC, USA, 20036

10. Notification

Applicants will be notified of the IMC decision by July 15, 2013.

11. Responsibilities

Participants: Applicants who are selected to participate agree to:

- Complete the training within one year of notification of the award.
- Give at least two month's notice of arrival to the host mentor and ASH headquarters staff.
- Coordinate the time and necessary materials for training with the host mentor and IMC counselor.
- Communicate in a language acceptable to the host mentor.
- Participate in follow-up evaluations as requested.

Host Mentor: The host mentor agrees to:

- Assist the participant with visa considerations (in the United States, VTP participants generally require a B1 visa).
- Prepare the appropriate training and fully engage the participant.
- Assist the participant with adapting to the culture of the host institution and country, providing
 information about the climate prior to the participant's departure, understanding hospital
 etiquette, navigating the host city, etc.
- Facilitate the participant's professional development, including networking opportunities, opportunities for intellectual enrichment through lectures, grand rounds, etc.
- Ensure that appropriate permission is granted for the participant to train at the host institution.
- Participate in follow-up evaluations as requested.

IMC Counselor: All participants will be assigned an IMC counselor. IMC counselors agree to:

- Assist the participant with understanding the rigorous scientific community of ASH, including networking opportunities and opportunities to become further engaged in ASH.
- Follow up with participants and host mentors to conduct evaluations as requested by the Chair of the IMC, generally shortly after training and one year after training.
- Report the progress of the participant to the IMC.

12. Questions?

Contact Chase Willett, International Programs Specialist, at cwillett@hematology.org or +1 202 552 4912.

Application Form 1. Applicant Information

Family Name:			Degree(s):	
First Name:		Gender: Male or Female		
Home Country:				
Institution:				
Institution Address:				
montation / laar ess.				
Mailing or Home Address:				
Phone:	Fa	X:		
E-mail:				
2. Proposed Training Topic				
Please state the overall objective	of your tra	ining proposal o	clearly and concise	ely.
3. Personal Information				
Full Name:				
Institution (Department, Faculty, o	or Other):			
Current Position:				
Mailing address:			City:	
			Country:	
Talanta a a Namala a	F		E NA-11	
Telephone Number:	Fax:		E-Mail:	
			<u> </u>	
Resume Information				
Titles or Degrees:		Where they w	ere obtained:	Date they were obtained:
203.000.				

Indicate other specialties/training related to your discipline.
Indicate other specialties/training related to your discipline.
4. Training Proposal The VTD provides encoiclized training on a checific tonic or procedure. Places encour the following
The VTP provides specialized training on a specific topic or procedure. Please answer the following questions about the type of training you would like to receive.
questions about the type of training you would like to receive.
A. Please state the specific training you would like to receive (e.g., flow cytometry, FISH, morphology,
etc.)
B. Objective:
Please state the general objective of your training.
3. Please state the specific goals of your training.
5. Flease state the specific goals of your training.
4. At the end of your training, what will you be able to do that you cannot do now?
C. Training Plan:
Please write your training plan and schedule.

2. How will you work with your mentor to achieve your learning objectives (lectures, hands-on lab experience, etc.)?
D. Please state why this training cannot be obtained at your home institution.
E. How many weeks will it take to receive this training? Why? (Maximum: 12 weeks)
5. Implementation of Proposed Training The VTP is intended to build capacity. You must be able to implement the training at your home institution when you return. <i>Individual research projects will not be considered</i> . Please answer the following questions about applying your training at your home institution.
A. How will this training benefit your home institution? Please be specific.
B. What equipment, reagents, pharmaceuticals, etc., are available at your home institution to implement the training?

6. Budget Applications with modest budgets and/or financial support from the home institution or other sources (inkind support) will be considered favorably by the International Members Committee. To request assistance with compiling the budget, please see section 8 in the program description. A. Please list the amount and source of any in-kind support you will receive to participate in this training. B. Will you continue to receive your salary from your home institution? \(\subseteq \text{Yes} \) C. Please list your estimated expenses for the following in \$USD: Round-trip airfare: Accommodation: Daily living expenses (food/transportation): Visa fees: Other: (please specify item and costs for **EACH** additional item) D. Please list any additional funding requests you have and state why this funding is necessary to complete your training. Please note that the VTP will not fund costs for incidental expenses, such as computers, reagents, clothing appropriate for the climate, attendance at meetings, personal items, etc. E. Please state the total amount of your proposed budget (in US dollars). 7. Host Mentor Information Applicants are strongly encouraged to identify and contact the proposed host mentor. To request assistance with identifying the host mentor, please see section 8 of the program description. First and Last Name: Degree(s): Institution: Mailing Address:

Have you previously hosted a VTP participant or other international trainees?

Yes

No

Fax:

Phone:

E-mail:

ASH Membership Number of Host Mentor:

If so, please briefly describe the experience:

Host Mentor Signature:		
Date:		

8. Home Institution Support

The applicant's <u>immediate supervisor</u> is required to fill out a form in support of this application. The form, found in Appendix A, <u>must not be filled out by the applicant.</u>

Home Institution Immediate Supervisor Name:
Home Institution Immediate Supervisor Signature:
Date:

9. Attach Your Resume Including the Following:

- Positions and employments
- Publications of the last five years (2006 to date). If the publication is a book, please indicate whether it is a complete volume or a chapter.
- Presentations at national/international congresses in the past five years (2006 to date).

10. Information Certification

I certify that the facts and information included in this application and on my curriculum vitae are honest and true.

Applicant Signature:	
Date:	

11. Deadline and Submission

All materials must be submitted no later than **May 2**, **2013** (midnight Eastern Daylight Time (EDT)). Submission may be electronic or by fax or post.

Electronic submission (preferred): Save documents using the following format: Lastname_firstname_VTP Application

Send to *globalprograms@hematology.org*

Fax: +1 202 776 0545, Attention: Chase Willett, International Programs Specialist

Post: ASH Visitor Training Program, 2021 L Street NW, Suite 900 Washington, DC, USA, 20036

Appendix A: Home Institution Support Form

This form must be completed by the applicant's immediate supervisor or department head at the home institution and submitted by the submission deadline. It is the applicant's responsibility to ensure this form is submitted by the deadline.

Applicant's Name:
Home Institution Supervisor:
Home Institution:
Please describe how this training will benefit your department/section:
2. Please describe the equipment available at your institution for which the participant will receive training:
3. Please describe the reagents or pharmaceuticals available at your institution for which the participant will receive training:
4. Please describe any funding that your institution will able to provide the applicant in support of this training:
5. Signature No signature indicates that I support this training and agree that the applicant will be allowed sufficient.
My signature indicates that I support this training and agree that the applicant will be allowed sufficient time to travel and will resume his or her position in our institution upon return. The information included in this form is beneat and true
in this form is honest and true. Supervisor's Signature:
Date:

6. Deadline and Submission

The completed form must be submitted no later than **May 2**, **2013** (midnight Eastern Daylight Time (EDT)). Submission may be electronic or by fax or post.

Electronic submission (preferred): Save documents using the following format:

 $Applicant Family Name_Applicant First Name_Home Institution Support$

Send to cwillett@hematology.org

Fax: +1 202 776 0545, Attention: Chase Willett, International Programs Specialist **Post:** ASH Visitor Training Program, 2021 L Street, NW, Washington, DC, USA, 20036