

Q1



Q2 NHF/Novo Nordisk Career Development Award Initial Application

For any questions please contact NHF's Research Department at research@hemophilia.org

Q3 Title of the proposed project

Q4 Applicant's name (Last, First, Middle, Degree)

Q5 Applicant's title

Q6 Applicant's work mailing address (include institution's name)

Q7 Applicant's work phone

Q8 Applicant's work email

Q9 Applicant's home mailing address

Q10 Applicant's personal mobile phone

Q11 Applicant's personal email

Q12 Have you **ever** received a research grant from NHF?

Q13 If yes, which one and in what year? select all that apply

Judith Graham Pool (JGP)

NHF-Novo Nordisk Career Development Award (CDA)

Innovative Investigator Award (IIR)

NHF-Shire Clinical Fellowship

Bridge Award

Q14 Name of U.S. accredited doctoral program applicant graduated from, include date of completion

Q15 Are you a U.S. citizen?

Q16 If not, do you have permanent residence status?

Q17 If not, please explain immigration status below

Q18 If associated with a Hemophilia Treatment Center, please identify center

Q19 **Sponsor** or **Mentor's** name (Last, First, Middle, Degree)

Q20 **Sponsor** or **Mentor's** work address (include institution's name)

Q21 **Sponsor** or **Mentor's** work phone number

Q22 **Sponsor** or **Mentor's** work email

Q23 Sponsor or Mentor's **assistant's** name (if applicable)

Q24 Sponsor or Mentor's **assistant's** work phone number

Q25 Sponsor or Mentor's **assistant's** work email

Q26 **HTC's Medical Director** or, if not at an HTC, **Department's Chair** name (Last, First, Middle, Degree)

Q27 **HTC's Medical Director** or **Department's Chair** title

Q28 **HTC's Medical Director** or **Department's Chair's** work address (include institution's name)

Q29 **HTC's Medical Director** or **Department's Chair's** work phone number

Q30 **HTC's Medical Director** or **Department's Chair's** work email

- Q31 **Financial Officer's** name (Last, First, Middle)
- Q32 **Financial Officer's** work address (include institution's name)
- Q33 **Financial Officer's** work phone
- Q34 **Financial Officer's** work email
- Q35 Financial Officer's **assistant's** name (if applicable)
- Q36 Financial Officer's **assistant's** work phone
- Q37 Financial Officer's **assistant's** work email
- Q38 Provide a brief paragraph describing applicant's background, and commitment to a career in bleeding disorders -include future plans in the areas of clinical, academic, and/or research. Limited to 2000 characters (about 300 words). You may copy and paste from another document
- Q39 List applicant's **currently-funded or pending research** projects below (if applicable). You may copy and paste from another document.
- Q40 List applicant's **previously-funded** research projects below (if applicable). You may copy and paste from another document.
- Q41 If applicable, will this funding, in any way, impact your CDA application if awarded?
- Q42 Does the proposed project have secure funding or any other planned/or pending applications for additional research funding?
- Q43 Will this funding, in any way, impact your CDA application if awarded?
- Q44 Please provide source(s) below
- Q45 Will human subjects or tissues, or vertebrate animals be used?
- Q46 If yes and proposal is accepted, the **Assurances and Certification for Research Involving Human Subjects and/or Vertebrate Animals form must be completed and sent to NHF accompanied by the IRB approval letter, as applicable.**
- Q47 **Abstract** The abstract should describe the scope and design of your project, including your hypothesis, aims, and summary of methods. The description is meant to serve as a succinct and accurate description of the proposed work when separated from the document. *The abstract is limited to 2000 characters (about 300 words). You may copy and paste from another document.*
- Q48 **Description of Proposed Research Project** Upload or drag a document containing the entire proposal (narrative, pictures, graphs and/or figures). The document should not be longer than 6 pages written using the basic font Arial of no less than 12 points, single space with 1-inch page margins. This does not include references which will be uploaded in the next section. **Documents that do not comply with these requirements will be rejected.**
- Q49 Upload or drag references
- Q50 Upload or drag **applicant's** NIH Biographical Sketch. For more information regarding Biographical Sketches please visit <https://grants.nih.gov/grants/forms/biosketch.htm>
- Q51 Upload or drag **sponsor/mentor's** NIH Biographical Sketch.
- Q52 Please upload or drag up to **three** letters of reference indicating support for the application as well as the institutional commitment time to permit the candidate to focus 75% of his/her efforts on this research project (do not submit more than the required number of letters)

Q53 a. **Sponsor (Mentor)**

Q54 b. **Current** HTC Medical Director or **Department Chairperson**

Q55 c. **Doctoral advisor, former professor** or **scientist** familiar with the candidate's work or potential for research activities

Q56 Estimated time to complete project: 1 , 2 or 3 years

Q57 Upload or drag the completed CDA **Initial Budget Template** found in [NHF-CDA webpage](#)

Q58 Upload or drag completed **Initial Signature Page** found in the [NHF-CDA webpage](#)

Q59 **STOP! This is the last page of the application.** You will have the opportunity to print out or download your application once it is submitted.