Q1



Q2 **Career Development Award** **Initial Application**
For any questions please contact NHF's Research Department at
research@hemophilia.org

Q3 Title of the proposed project

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

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Q5 Applicant's title

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

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Q7 Applicant's work phone

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Q8 Applicant's work email

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Q9 Applicant's home mailing address

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Q10 Applicant's personal mobile phone

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Q11 Applicant's personal email

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

* Yes (1)
* No (2)

Display This Question: If Have you ever received a research grant from NHF? = Yes

Q13 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

Q16 Name of U.S. accredited doctoral program applicant graduated from, include date of completion

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Q17 Are you a U.S. citizen?

* Yes (1)
* No (2)

Skip To: Q20 If Are you a U.S. citizen? = Yes

Display This Question: If Are you a U.S. citizen? = No

Q18 Do you have permanent residence status?

* Yes (1)
* No (2)
* Pending (3)

Skip To: Q20 If Do you have permanent residence status? = Yes

Q19 Please explain immigration status below

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Q20 If associated with a Hemophilia Treatment Center, please identify center

* HTC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not applicable

Q21 **Sponsor** or **Mentor's** name (Last, First, Middle, Degree)

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Q22 **Sponsor** or **Mentor's** work address (include institution's name)

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Q23 **Sponsor** or **Mentor's** work phone number

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Q24 **Sponsor** or **Mentor's** work email

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Q25 Sponsor or Mentor's **assistant's** name (if applicable)

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Q26 Sponsor or Mentor's **assistant's** work phone number

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Q27 Sponsor or Mentor's **assistant's**  work email

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Q28 **HTC's Medical Director** or, if not at an HTC, **Department's Chair** name (Last, First, Middle, Degree)

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Q29 **HTC's Medical Director** or **Department's Chair** title

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Q30 **HTC's Medical Director** or **Department's Chair's** work address (include institution's name)

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Q31 **HTC's Medical Director** or **Department's Chair's** work phone number

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Q32 **HTC's Medical Director** or **Department's Chair's** work email

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Q33 **Financial Officer's** name (Last, First, Middle)

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Q34 **Financial Officer's** work address (include institution's name)

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Q35 **Financial Officer's** work phone

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Q36 **Financial Officer's** work email

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Q37 Financial Officer's **assistant's** name (if applicable)

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Q38 Financial Officer's **assistant's** work phone

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Q39 Financial Officer's **assistant's** work email

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Q40 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

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Q41 List applicant's **currently-funded or pending research** projects below (if applicable). You may copy and paste from another document.

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Q42 List applicant's **previously-funded** research projects below (if applicable). You may copy and paste from another document.

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Q43 If applicable, will this funding, in any way, impact your CDA application if awarded?

* Yes
* No
* Not applicable

Q44 Does the proposed project have secure funding or any other planned/or pending applications for additional research funding?

* Yes
* No

Skip To: Q47 If Does the proposed project have secure funding or any other planned/or pending applications for ad... = No

Q45 Will this funding, in any way, impact your CDA application if awarded?

* Yes
* No

Q46 Please provide source(s) below

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Q47 Will human subjects or tissues, or vertebrate animals be used?

* Yes
* No

Display This Question: If Will human subjects or tissues, or vertebrate animals be used? = Yes

Q48 **If 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.**

Q49 **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.*

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Q50 **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.**

Q51 Upload or drag references

Q52 Upload or drag **applicant's** NIH Biographical Sketch.
 For more information regarding Biographical Sketches please visit <https://grants.nih.gov/grants/forms/biosketch.htm>

Q53 Upload or drag **sponsor/mentor's** NIH Biographical Sketch.

Q54 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)

Q55 a. **Sponsor (Mentor)**

Q56  b. **Current**HTC Medical Director or **Department Chairperson**

Q57 c. **Doctoral advisor, former professor** or **scientist** familiar with the candidate's work or potential for research activities

Q58 Estimated time to complete project

* 1 year
* 2 years
* 3 years

Q59 Upload or drag the completed CDA **Initial Budget Template** found in [NHF-CDA webpage](https://www.hemophilia.org/Researchers-Healthcare-Providers/Research-Grant-Programs/NHFNovo-Nordisk-Career-Development-Award)

Q60 Upload or drag completed **Initial Signature Page** found in the [NHF-CDA webpage](https://www.hemophilia.org/Researchers-Healthcare-Providers/Research-Grant-Programs/NHFNovo-Nordisk-Career-Development-Award)

Q61 **STOP! This is the last page of the application.** If you are ready to submit please select option below. **If you are not ready, please go back and review your application.**

 You will have the opportunity to print out or download your application once it is submitted.

THANK YOU for applying!

* Yes, I am ready to submit my application