



Ivoclar/ICP Research Fellowship Program in Restorative Dental Materials

ADVANCEMENT OF SCHOLARSHIP
AND
RESEARCH

APPLICATION FORM

Application Form Overview

The following is the application document for your review.
Applications must be completed and submitted via the ICP website.
Mailed, emailed or faxed applications are not accepted

Ivoclar / ICP Research Fellowship Program

Section 1. FELLOWSHIP APPLICANT

1.1 Name of Applicant for Fellowship:

1.2 Address:

1.3 Suburb/City:

State:

Post Code/Zip Code:

1.4 Country of current residence:

1.5 Nationality/Nationalities:

1.6 Contact Phone Number:

1.7 E-mail Address:

1.8 Appointment/Faculty/University:

1.9 Academic Qualifications:

1.10 Brief Biographical Details including up to 3 publications pertinent to the proposed research:

1.11 Upload additional PDF documents, if required - (limit 2 pages)

Section 2. PROPOSED MENTOR

2.1 Name of Mentor:

2.2 Address:

2.3 Suburb/City:

State:

Post Code/Zip Code:

2.4 Country of current residence:

2.5 Nationality/Nationalities:

2.6 Contact Phone Number:

2.7 E-mail Address:

2.8 Appointment/Faculty/University:

2.9 Academic Qualifications:

2.10 Brief Biographical Details with particular emphasis on students/faculty previously mentored and including up to 5 publications pertinent to the proposed research:

2.11 Upload additional PDF documents, if required- (limit 2 pages)

Section 3. PROPOSED RESEARCH GRANT INFORMATION

3.1 Title of proposed Research Project in Restorative Dental Materials

3.2 Specific Aims of the Proposed Research Project

3.3 Why do you consider them important?

3.4 Detailed description of the Proposed Research Project

Materials:

Methods to be used:

Statistical procedures (if appropriate):

3.5 Where is the work to be undertaken?

3.6 How many hours per week will the applicant devote to the project?

3.7 Names of other investigators associated with the project

Name:

Appointments:

Academic qualifications:

Number of hours per week to be devoted to the project:

Upload additional investigators on PDF document - (limit 4 pages)

3.8 What technical and other staff will be available to assist with the project?

3.9 Funds previously granted for this project

4.0 RESEARCH GRANT BUDGET (limit 1 page)

4.1 Fellowship stipend: \$30,000 USD

4.2 Research expenses (no indirect costs covered)

4.2.1. Contract Services:

4.2.2. Equipment and Apparatus:

4.2.3 Consumibles

4.2.4 Other

4.2.5 Budget justification

Ivoclar / ICP Research Fellowship Program

5.0 OTHER RESEARCH PROGRAMMES BEING UNDERTAKEN BY THE APPLICANT

6.0 RESUME OF EXISTING KNOWLEDGE IN THE FIELD OF THE RESEARCH

(Include bibliography – no more than 10 key references)

7.0 CERTIFICATION BY MENTOR AND BY HEAD OF DEPARTMENT WHERE APPLICANT IS TO WORK IN AN INSTITUTION OR UNIVERSITY DEPARTMENT

(Not required for research undertaken in a private practice)

I certify that the project is appropriate to the general facilities in my Department/Institution and I will support the research proposed in this application in the time frame described.

I certify that all national and international regulations and guidelines regarding the proper conduct of the research proposed in this application will be followed.

Dean/Head/Director's Signature:

Name: _____ Date: _____

Mentor's signature:

Name: _____ Date: _____

Applicant's Signature:

Name: _____ Date: _____

8.0 LIST OF ALL PEER-REVIEWED PUBLICATIONS BY APPLICANT

9.0 LIST OF ALL PEER-REVIEWED PUBLICATIONS BY MENTOR

Award decisions depend upon sufficient information being provided. Criteria for assessing applications may include justification of research, research objectives, applicant's familiarity with the relevant literature, relevance of project for the ICP, methods to be used, proposed dates and amount of time required, appropriate justification of all budget items including roles and qualifications of proposed research assistants.

Complete the on-line application form prior to February 29, 2016.

Contact information...

ICP Education and Research Committee ICP Admin Office 4425 Cass Street, Suite A San Diego CA 92109 USA	T: 1 (858) 270-1814 Email: icp@icp-org.com
---	--