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**Obesity Medicine Fellowship Development Program**

**Application for Funding**

**Please submit the below application and all accompanying materials as one PDF document to** [**stacy@omfellowship.org**](mailto:stacy@omfellowship.org)

**FACE PAGE:**

|  |  |
| --- | --- |
| Institution: | Department: |
| Address: | |
| City, State, Zip: | |
| Program Director: | |
| Academic Title: | |
| Email: | Phone: |
|  | |
| Name of institutional official responsible for financial management of outside educational grants: | |
| Title: | Department: |
| Email: | Phone: |
|  | |
| Proposed Start Date for Fellowship Program: | |
| Total Funds Requested: | |
| Signature of Program Director or authorized representative: | |
| Signature of department chair where fellowship will reside: | |

**FELLOWSHIP SUMMARY:** Please explain the rationale for why your institution is starting an Obesity Medicine fellowship program, the strengths of your potential program, anticipated challenges and how you plan to address them (1-2 pages).

**PROGRAM STRUCTURE**

Describe the below fellowship experiences for your program. For each rotation, include: participating site locations, core faculty and interdisciplinary team members involved in the training, and the approximate amount of time dedicated to each experience. Use of a table is encouraged.

1. Adult medical obesity therapy
2. Pediatric medical obesity therapy
3. Surgical obesity therapy
4. Other/elective clinical experiences
5. Didactic curriculum on the science and clinical aspects of obesity
6. Summarize any additional information on the curriculum, training rotations, clinical experiences, scholarly activity, or research opportunities in your fellowship program.

**Provide the following program details:**

1. Please provide information on your current patient volume, how patients are attained, and your current patient mix (% adult, % pediatric, % comorbidities)
2. How will the program will be evaluated?
3. Describe the eligibility requirements for fellows and how fellows will be recruited.
4. Under which department is the fellowship located? If the program is not located in the Department of Medicine, Family Medicine, and/or Pediatrics, please provide justification for having the program in another department.

**Include a CV (<4 pages) or NIH** [**Biosketch**](https://grants.nih.gov/grants/funding/424/sf424r-r_biosketchsample_verb.doc) **for all faculty involved in the fellowship. Include teaching experience, expertise, and role in the fellowship program.**

**ADMINISTRATION:** Please describe the requirements of the approval process for the Graduate Medical Education (GME) oversight committee at your institution and where are you in this approval process. If your program is already approved, please attach a copy of the letter of approval from the GME oversight committee.

**FINANCIAL PLANNING:** Please describe the proposed Obesity Medicine Fellowship Program’s sustainability plan with anticipated resources for the next 5 years. Include a detailed 5-year expense and revenue budget. Attach a letter of support indicating financial commitment from the relevant administrator (Department Chair, Chief Medical Officer, etc.) at your institution, including the magnitude and nature of the support for the first five years of your program.

**Budget Justification (maximum request of $100,000 + 10% indirect costs).** Include a categorial description of your proposed costs and a thorough justification that explains the necessity and basis for the proposed costs. Include breakdown of personnel salary, benefits, and FTE. Please note that no more than 50% of the requested funds may be used in the first year.