Application Checklist
Multiple Sclerosis Clinical Care One-year Physician Fellowship Program

To assist you in verifying that you have completed all steps in the application process, here is a checklist that you can use once you are ready to submit your proposal.

Pre-Application Checklist

☐ Have you completed the brief Eligibility Quiz? Applicants must: be affiliated with a nonprofit in the U.S.; be licensed to practice medicine in the U.S.; hold an MD or equivalent; have or will have received training in neurology or physiatry in the U.S.; and are entering your final year of residency or beyond.

☐ Have you completed the Contact Details section with the Organization and PI (Applicant) information?

☐ Have you completed your Residency information (type; completion date; institution; department)?

☐ Have completed the Project Details section? (This information can all be changed in the full application)
  ☐ Enter a Proposal Title for your pre-application (the title can be changed later)
  ☐ Indicate whether you will spend the majority of your time in adult or pediatric care in the Clinical Type
  ☐ Brief Proposal Summary (500 words or less) with a description of your proposed MS clinical fellowship
  ☐ Project Location information (country, state, city, zip code)
  ☐ Estimate of Funds Requested in USD

☐ Have you completed the Mentor Information section with mentor/co-mentor contact information?

☐ Have you submitted the pre-application by the pre-application deadline?

Full Application Checklist

☐ Have you completed all required items in the Project Information section?
  ☐ Confirmed Project Location information where the fellowship will take place
  ☐ Confirmed the Clinical Type (Majority adult care vs. pediatric care)
  ☐ Confirmed your proposal summary
  ☐ Identified submission to other agencies

(Continued on next page)
- Confirmed your residency Information

☐ Have you completed all required items in the **Institutional Official** section?
  - Principal Investigator (Applicant) information
  - Institutional Signatory information
  - Financial Officer information

☐ Have you completed the **Mentor Information** section?

☐ Have you uploaded your **Mentor Letter of Support**? The letter should address the following information:
  - A description of the ongoing clinical activities at the MS clinic or practice.
  - A description of the multidisciplinary care team.
  - A description of any previous or current fellowship/trainees in the past 5 years.
  - An evaluation of the likelihood that the applicant will make a meaningful contribution to MS as a clinician after the fellowship training.

☐ Have you uploaded your completed **Personal Statement**? In narrative form, the personal statement should address the following (**Page limit: 1 page**):
  - Short and long-term career goals
  - How the fellowship will advance these goals
  - Training related to working with systematically disadvantaged populations
  - Personal qualifications for the award

☐ Have you uploaded your completed **Training Plan** on the given template? The training plan should cover the following activities in the following proportions (**Page limit: 3 pages**):
  - 60%—Direct, supervised MS patient care
  - 20%—Exposure to the multidisciplinary healthcare team and activities
  - 20%—Didactic activities

☐ Have you uploaded relevant **Biographical Sketches**?
  - Applicant
  - Mentor
  - Co-mentor (if applicable)

☐ Have you provided contact information for three (3) **References** (including a co-mentor if applicable)?
  - One letter must be from your (the applicant’s) residency training director or department head.
  - Have all your reference letters been received in the **Reference Letters** section?

☐ Have you uploaded a copy of your medical school **Transcript**?

☐ Have you completed the **Budget** for your fellowship application?
  - Up to $75,000 per year may be requested for salary, fringe benefits, and institutional costs. Institutional costs may not exceed 10% of the award ($7,500).
  - Have you completed the **Budget Details** for the fellowship?

☐ Have you listed **Other Support** for the fellow or mentor(s) listed on the proposal?

☐ Have you completed the **Applicant Demographics** section? (This does not affect the consideration of your application)

☐ Has the **Institutional Signatory** of your organization **Authorized** submission of your application in MSGrants by the **application deadline**?