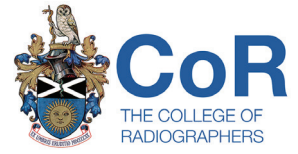


# Application Form

Directions for submission: Complete this form electronically and submit the completed form by email to [foundation@asrt.org](mailto:foundation@asrt.org).



FOR OFFICE USE ONLY: Application #

## Title of Project:

## U.K. Investigator:

Mr.    Ms.    Dr.    Professor    Other:

Name

Last

First

MI

Credentials / Title

Institution

Mailing Address  Phone ( )

Email

SOR Member Number

## Grant Amount Requested:

First Year   \$  

Second Year   \$    (if applicable)

**Total:**   \$  

## Responsible Officials of Applicant's Institution:

### Grants Administration

Name

Title

Address

Signature

Date

### Academic or Clinical Department

Name

Title

Address

Signature

Date

I certify that I have applied for all necessary approvals by appropriate boards or committees at my institution and will provide proof of final approval prior to receiving funds. I certify that this application contains no misrepresentations or falsification and that the information given is true and correct to the best of my knowledge. I understand that any false statements made herein will void this application and I will be ineligible for support from ASRT Foundation. I hereby authorize the release of all information contained in this application packet as may be required to determine my eligibility for an award. I hereby waive my rights to review any documents pertaining to my application once submitted.

I understand that if these funds are granted, submission will be required of a progress and/or final report to the ASRT Foundation. Any publications resulting from this research must state that the ASRT Foundation funded this project. Papers generated from this grant will be required to be submitted to ASRT peerreviewed publications, Radiologic Technology and/or Radiation Therapist. I also understand that I may be required to present the research findings at an ASRT conference if appropriate.

Signature of Principal Investigator  Date

FOR OFFICE USE ONLY

Application #:

Title:

International Collaborative  
**Clinical Research Grant**  
APPLICATION

**First Year Itemized Budget (U.S. dollars)**

Please reference U.S. researcher budget to assist in preparing your budget.

**Supporting Budget Statement (if necessary)**

Budget Item	Cost/Items	Quantity	Total Cost
time-wages			
time-wages			
copying service			
mailing labels			
postage			
stuffing envelopes			
return postage (bus. reply @ 60% resp)			
data entry svcs			
Statis. time-wages			
Statis. time-benefits			
misc			

Do not include required conference travel in budget. ASRT will manage funding for conference attendance directly with researcher.

**First Year Total:**

FOR OFFICE USE ONLY

Application #:

Title:

International Collaborative  
**Clinical Research Grant**  
APPLICATION

**Second Year Itemized Budget (U.S. dollars)**

Please reference U.S. researcher budget to assist in preparing your budget.

**Supporting Budget Statement (if necessary)**

Budget Item	Cost/Items	Quantity	Total Cost
time-wages			
time-benefits			
copying service			
mailing labels			
postage			
stuffing envelopes			
return postage (bus. reply @ 60% resp)			
data entry svcs			
Statis. time-wages			
Statis. time-benefits			
misc			

Do not include required conference travel in budget. ASRT will manage funding for conference attendance directly with researcher.

**Second Year Total:**

FOR OFFICE USE ONLY

Application #:

Title:

International Collaborative  
**Clinical Research Grant**  
APPLICATION

### Facilities and equipment

Describe the facilities (laboratory space, clinical facility, etc.) and necessary equipment available for use in conducting the proposed research. Please do not include the name of the primary investigator or institution in this section.

### Appendices

- 1 CV/Resumes**  
A curriculum vitae is required for the PI and co-investigators and should address experience and education specifically appropriate to the research project. Additionally, please upload a letter of reference from a qualified colleague in support of your credentials to conduct this research.
- 2 Current Registration/ Licensure**  
The PI must provide proof of current U.K. registration/licensure as specified in the eligibility section of the packet.
- 3 Institutional Assurances/ Human and Ethical Assurances/ Institutional Review Board**  
The application must include documentation of all necessary institutional approvals by appropriate boards or committees. These documents must be specific to the proposed investigations, including the time period for which the grant is requested. If the application for such approvals has been made, but not acted upon at the time of submission, a copy of that application may be substituted. However, the Foundation must receive official approval by the relevant boards or committees before a final funding decision is made.
- 4 Cooperating Institutions**  
Applications for projects involving institutions or agencies in addition to the institution of the grantee must include a letter from an official of each facility acknowledging its role in the project.

**ATTACH DOCUMENTS**

Use button to attach each document. View attached documents in the Navigation Pane to the left.

**I agree to submit a final manuscript to both the ASRT and College of Radiographers' peer reviewed journals upon completion of my project for consideration of publication.**