

CAP Foundation Application Form Telepathology Grant

Applicant submission is intended to be the Server Location.

Completed applications must be received **by June 1.**

Principal Investigator Name:

Institution to be Server Site:

Institution Address:

City, State, Zip:

Best Daytime Telephone Number:

Evening Telephone:

E-mail:

CAP Junior Member: Yes No

CAP Fellow: Yes No

List names of others to be involved in grant:

For Residents: Resident: Residency/Fellowship Institution Name:

Expected Completion Date of Training:

Institution(s) to serve as Remote Site:

Institution Location(s) of Remote Site:

Key Staff Contact at Remote Location(s):

This portion must be signed by the Principal Investigator applicant:

If accepted for this grant, I understand and agree that the grant is for education and training purposes and not to be used for any type of patient diagnosis. Yes, my institution can comply with the technical requirements to fulfill the grant deliverable.

Principal Investigator Applicant Signature

Date

**CAP Foundation Application Form
Telepathology Grant** (continued)

This portion must be signed by either the residency program director or department chair:

If accepted for this grant, I understand and approve that the grant is for education and training purposes and not to be used for any type of patient diagnosis. Yes, my institution can comply with the technical requirements to fulfill the grant deliverable.

Name and Title

Date



DEADLINE: June 1

The following needs to be submitted to be considered for this grant opportunity. Omission of information or documents may void your applicant.

- 1) Signed and completed grant application form that will include identification of remote user location(s) and key contact staff at location(s)
- 2) Essay of no more than 1500 words that includes:
 - a. Applicant's interest in pursuing the grant
 - b. Applicant's level of knowledge and experience in informatics
 - c. View of the applications, benefits, and limitations of telepathology in pathology practice to improve (1)a diagnosis and (2) education
 - d. Explanation of how and what kind of cases will be selected for comparison viewing
 - e. Explanation of how data will be collected to document comparison results when viewing images on a monitor versus a microscope
 - f. Applicant's anticipated use of new experience and knowledge after grant is completed
- 3) Letter of recommendation from either the residency director, department chair, or medical director indicating willingness to comply with requirements to fulfill the grant and need/use of technology with the department/program/ or group.
- 4) Letter of agreement from IT representative outlining support available and willingness to comply with network-related requirements
- 5) Copy of PI's Curriculum Vita

Applications may be faxed (847-832-8324), e-mailed to CAPFdn@cap.org, or mailed to:

CAP Foundation - Telepathology Grant
325 Waukegan Road
Northfield, IL 60093

For more information, contact CAPFdn@cap.org or call 800-323-4040 ext 7324