



RPB PHYSICIAN-SCIENTIST AWARD

Fall 2021 Guidelines and Instructions

DEADLINE

Nomination Form:* June 15, 2021

Application:* July 1, 2021 (awarded in December)

DESCRIPTION

RPB Physician-Scientist Award: \$300,000 payable in two payments, \$150,000 per payment with the second payment contingent upon approval of a 14-month substantive progress report.

The RPB Physician-Scientist Award promotes the clinical and/or basic research of clinicians.

Awardees will be required to submit a substantive progress report after 14 months. This request will be competitively reviewed, and the final payment is contingent upon approval of this report.

Awardees will be required to expend the award within three (3) years if granted the full \$300,000. Otherwise, the awardee is required to expend the initial \$150,000 award payment within two (2) years.

ELIGIBILITY

- RPB-supported Chairs can nominate one MD or MD/PhD currently holding a primary academic position as Assistant Professor or Associate Professor in ophthalmology. PhDs are ineligible. Interim or acting Chairs cannot nominate a candidate for this award.
- **Candidates are required to devote at least 25% of their time to research and at least 20% of their time to clinical activity.** Candidates are not required to have R01s, but such funding will be viewed favorably. Though not a requirement, presentation of preliminary data may increase your chances.
- Any part of the RPB grant not earmarked for salary should be used to equip and staff the awardee's lab and fund research efforts. The grant cannot replace salary support currently derived from other sources.
- Previous recipients of this award are not eligible to apply.
- Chairs may nominate only one person per grant category, per cycle. Candidates must be full-time faculty in the department of ophthalmology by the application deadline. Any previous individual RPB grants to the candidate must be fully spent and recognized as *terminated* by RPB before an individual researcher may apply for another RPB grant. This only applies to the candidate and not to the mentors and/or collaborators. **All RPB grants must remain free of institutional overhead** and are non-transferable to other individuals or other institutions. Should the awardee leave the department of ophthalmology, the department must return any unspent funds. Any equipment purchased with RPB funds is the property of the Department of Ophthalmology. Complete grant stipulations are included in award letters.
- Grant disbursement of first \$150,000 is contingent upon the execution of RPB's Letter of Agreement. The final disbursement of \$150,000 is contingent upon continuation of the executed Letter of Agreement AND approval of substantive progress report.

**If the deadline falls on a weekend or holiday, please consider the deadline to be the following business day.*

REPORTING

- The form and guidelines for the 14-month substantive progress report will be distributed to the awardees, ophthalmology department Chairs, and research grant administrators in November 2022. **This progress report is due March 1, 2023.**
- Additionally, an annual research summary report is required while the Physician-Scientist Award is active. A final report is required once funds are expended. An annual year-end financial report is also required while the Award is active.
- Failure to properly report and credit research funded by RPB places the grant at risk for termination.

NOMINATION FORM AND APPLICATION SUBMISSION

Nomination Form: Nomination forms are a requirement. For the July 1 application deadline, nomination forms are due no later than June 15. Applications received without a prior nomination form will not be accepted.

Complete the nomination form and email to Pattie Moran at pmoran@rpbusa.org by June 15. Nomination forms should be sent as Word documents only.

Application: RPB will accept applications and *most* supporting documentation via the password-protected page on RPB's website that has been established for application submission. Please note only one (1) upload action, with application and all applicable supporting documentation, will be accepted per candidate. This upload must be received **no later than 11:59pm ET on the deadline date.**

- Go to www.rpbusa.org to log in.
- Enter the password: **Research** (not case sensitive)
- Click on the "Upload Grant Application" button to go to the upload form.
- Once you are on the upload form, enter your email address in the "From email" field.
- Upload your application and supporting documentation by browsing for them on your computer using the "Browse" button on the form.
- Use the Message box to add additional information, if any.
- Before clicking "SendThisFile" to send your submission, check that the information is complete.
- Click the "SendThisFile" button to send your application and supporting documentation.

DOCUMENTATION SUBMISSION

The single upload action must include **only** three (3) separate documents:

1. Signed, completed application form, in PDF.
2. Signed, completed application form, in Word.
3. Supporting documentation: The third document must include, in PDF, **in this order:**
 - The candidate's NIH-style biosketch, in PDF; limit five (5) pages. The candidate must adhere to current NIH format and instructions. The biosketch **MUST** include a link to the candidate's complete list of published work using the reference tool, *My Bibliography*. Biosketches submitted in any other format will be disqualified.

- A statement from the Chair describing the candidate's scientific expertise, current research objectives, the clinical relevance of his/her research activities, his/her record of accomplishments, and any aspirations which may lead to future scientific achievement. Statement must be on letterhead, signed, in PDF, and addressed to "RPB's Review Committees." Limit to three (3) pages and font size 10-point or higher.
- The candidate's detailed scientific statement, in PDF, outlining the research and objectives to be pursued if granted. Statement should include an explanation of how RPB funds will be used. Limit statement to four (4) pages with references included on a fifth page. Entire statement should not to exceed five (5) pages. Font size 10-point or higher.
- If collaborating with others, list each collaborator and describe his/her role in the proposed research. Limit document to two (2) pages, in PDF. Font size 10-point or higher.
- If collaborating with others, each collaborator must submit a letter of support and commitment to the proposed research. Statement must be on letterhead, signed, in PDF, and addressed to "RPB's Review Committees." Limit each letter to one (1) page, in PDF. Font size 10-point or higher.
- Institution's IRS 501c(3) Letter of Determination or other Federal determination letter and Federal Employment Identification Number, in PDF.

Materials received after the deadline will not be accepted and will render the submission as incomplete. Incomplete submissions are not forwarded to RPB's review committees and are automatically declined. If the deadline falls on a weekend or holiday, proposals will be accepted the first following business day. Do not alter application format. Do not include manuscripts, reprints, or any information not required by RPB. **Notify RPB if there are any changes to the status of major pending grants after the application has been submitted.**

Granting of awards is at the full discretion of RPB; we reserve the right to not make any award, based on the submissions.

Any questions, please contact Pattie Moran at 646-892-9566 or pmoran@rpbusa.org.

APPLICATION PREPARATION

We've included information below to assist you in preparing and completing RPB's Physician-Scientist Award Application.

Do not change formatting. Please keep pagination the same. If necessary, abbreviate answers to fit allotted space. Please provide responses in Arial 9 (font/size). Do not change the font/size of the actual questions.

Candidate Information:

- Enter Candidate's name; include degrees.
- OPTIONAL. RPB is committed to diversity and, if relevant, encourages applicants to self-identify as a racial / ethnic underrepresented minority as defined by the NIH. Please indicate the one box that describes the race/ethnicity category with which you primarily identify, if applicable. This information is voluntary.
- Enter name of institution and ophthalmology Chair; include degrees.
- Enter Candidate's current primary and secondary (if applicable) appointment(s), including degrees, academic title(s) and department(s).

Specialty Field of Proposed Research:

- Place X to the right of your selection for the following (see example below):

Anatomy/Pathology/Oncology X Biochemistry/Molecular Biology Clinical/Epidemiologic Cornea Lens

Title of Proposed Research:

- Enter title of proposed research. Do not go beyond allotted space.

Summary of Overall Objectives/Significance/Benefits of Proposed Research:

- **Limit response to twenty (20) lines or less.**
- In layman's terms, summarize overall objectives, significance, benefits of the proposed research activities. Do not duplicate biosketch information, awards, pubs, etc., or Chair or Candidate statements.

Time Devoted to Research as Opposed to Other Academic Duties:

- Include percentage of time devoted to research.

Onsite Mentors:

- If applicable, list up to three onsite mentors, including degrees, titles and departments.

For RPB Use Only:

- This section is for RPB Use Only. **DO NOT ENTER ANY INFORMATION.**

Current NEI Support as Principal Investigator:

- **Indicate no-cost extensions with an asterisk (*), e.g., 19-23*.**
- Specify Source.
- Specify Type, e.g., K08, R01, R21, etc.
- Enter Annual Direct Costs and Total Grant Amount (include direct and indirect costs in Total Grant Amount). Total Grant Amount should reflect the entire grant period.
- Enter Years as YY-YY. Provide actual years of grant, e.g., 19-23, not total number of years, e.g., 4.

Current NIH Support (other than NEI) as Principal Investigator:

- **Indicate no-cost extensions with an asterisk (*), e.g., 19-23*.**
- Specify Source.
- Specify Type, e.g., K05, K21, R55, etc.
- Enter Annual Direct Costs and Total Grant Amount (include direct and indirect costs in Total Grant Amount). Total Grant Amount should reflect the entire grant period.
- Enter Years as YY-YY. Provide actual years of grant, e.g., 19-23, not total number of years, e.g., 4.

NIH Support as Principal Investigator Terminated Within Past Three Years:

- Include all NIH support.
- Specify Source.
- Specify Type, e.g., K08, R01, R21, etc.
- Enter Total Grant Amount (include direct and indirect costs). Total Grant Amount should reflect the entire grant period.
- Enter Years as YY-YY. Provide actual years of grant, e.g., 17-19, not total number of years, e.g., 2.

Current Grant Support (other than NIH and NEI) as Principal Investigator:

- **Indicate no-cost extensions with an asterisk (*), e.g., 19-23*.**
- Specify Source.
- Specify Type, if applicable.
- Enter Annual Direct Costs and Total Grant Amount (include direct and indirect costs in Total Grant Amount).
- Enter Years as YY-YY. Provide actual years of grant, e.g., 19-23, not total number of years, e.g., 4.

Pending Grant/Renewal Support (all) as Principal Investigator:

- **Notify RPB of any status change to this listing after submitting application.**
- Specify Source.
- Specify Type, e.g., K08, R01, R21, etc.
- Enter Total Grant Amount (include direct and indirect costs). Total Grant Amount should reflect the entire grant period.
- Enter Years as YY-YY. Provide actual years of grant, e.g., 21-23, not total number of years, e.g., 2.

Current Time Commitment:

- Include time commitment percentage to each responsibility. **At least 25% research time and at least 20% clinical time are required to apply for this award.**
- If applicable, specify Other responsibilities such as administrative, volunteer efforts, etc.

Anticipated Use of RPB Funding:

- Include percentage and description of grant use. Use brief descriptions, e.g., salary supplement for PI; partial salary for assistants; equipment; consumables; etc.

IRB Approval:

- Indicate if the Candidate is working with human subjects.
- If applicable, indicate if the Candidate has secured IRB approval.

Overlap:

- In relation to the proposed research in this application, indicate Yes or No to any overlap issues with current and/or pending awards/grants:
- **Scientific:** Scientific overlap occurs when substantially the same research is proposed in more than one application; or is submitted to two or more different funding sources for review and funding consideration; or a specific research objective and the experimental design for accomplishing that objective are the same or closely related in two or more pending applications or awards, regardless of funding source.
- **Budget:** Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salary) are requested in an application but are already funded by another source.
- **Commitment:** Commitment overlap occurs when any project-supported personnel has time commitments (i.e., percent effort) exceeding 100%, regardless of how the effort/salary is being supported or funded.
- If Yes for any of the above, explain the overlap issues in the space provided.

Distinguish Current and/or Pending Funding:

- Though no overlap may be noted above, please distinguish the proposed research in this application with any current and/or pending awards/grants which the reviewers **could** consider as similar.
- If applicable, explain in the space provided.

Publications:

- Candidate's Publication History: Provide number of peer-reviewed publications; number of other publications; and the total number of publications in the candidate's career (number of peer-reviewed and other publications should equal total number of publications).
- Candidate's Publications Pertaining to Proposed Research: Provide number of peer-reviewed publications; number of other publications; and the total number of publications pertaining to proposed research (number of peer-reviewed and other publications should equal total number of publications). Indicate number of publications pertaining to proposed research listed in candidate's biosketch.

Agreement:

- Chair and Candidate to sign.

Contact Information:

- Complete contact information for Candidate; include degrees.
- Enter contact information for ophthalmology Chair; include degrees.
- Enter contact information of Research Grant Administrator responsible for RPB applications. Include address if different than Chair's and include degrees.
- Enter contact information for Ophthalmology Director of Research; include degrees.

NIH-STYLE BIOSKETCH FORMAT AND SAMPLE

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME:

eRA COMMONS USER NAME (credential, e.g., agency login):

POSITION TITLE:

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY

A. Personal Statement

Briefly describe why you are well-suited for your role(s) in this project. Relevant factors may include: aspects of your training; your previous experimental work on this specific topic or related topics; your technical expertise; your collaborators or scientific environment; and/or your past performance in this or related fields, including ongoing and completed research projects from the past three years that you want to draw attention to (previously captured under Section D. Research Support).

You may cite up to four publications or research products that highlight your experience and qualifications for this project. Research products can include, but are not limited to, audio or video products; conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware. Use of hyperlinks and URLs to cite these items is not allowed.

You are allowed to cite interim research products. **Note:** interim research products have specific citation requirements.

Note the following additional instructions for ALL applicants/candidates:

- If you wish to explain factors that affected your past productivity, such as family care responsibilities, illness, disability, or military service, you may address them in this "A. Personal Statement" section.
- Indicate whether you have published or created research products under another name.
- You may mention specific contributions to science that are not included in Section C. Do not present or expand on materials that should be described in other sections of this Biosketch or application.
- Figures, tables, or graphics are not allowed.

B. Positions, Scientific Appointments, and Honors

List in reverse chronological order all positions and scientific appointments both domestic and foreign, including affiliations with foreign entities or governments. This includes titled academic, professional, or institutional appointments whether or not remuneration is received, and whether full-time, part-time, or voluntary (including adjunct, visiting, or honorary). High school students and undergraduates may include any previous positions. For individuals who are not currently located at the applicant organization, include the expected position at the applicant organization and the expected start date.

List any relevant academic and professional achievements and honors. In particular:

- Students, postdoctorates, and junior faculty should include scholarships, traineeships, fellowships, and development awards, as applicable.
- Clinicians should include information on any clinical licensures and specialty board certifications that they have achieved.

C. Contributions to Science

Who should complete the "Contributions to Science" section:

All senior/key persons should complete the "Contributions to Science" section except candidates for research supplements to promote diversity in health-related research who are high school students, undergraduates, and post-baccalaureates.

Format:

Briefly describe up to five of your most significant contributions to science. The description of each contribution should be no longer than one half page, including citations.

While all applicants may describe up to five contributions, graduate students and postdoctorates may wish to consider highlighting two or three they consider most significant.

Content:

For each contribution, indicate the following:

- the historical background that frames the scientific problem;
- the central finding(s);
- the influence of the finding(s) on the progress of science or the application of those finding(s) to health or technology; and
- your specific role in the described work.
- Figures, tables, or graphics are not allowed.

For each contribution, you may cite up to four publications or research products that are relevant to the contribution. If you are not the author of the product, indicate what your role or contribution was. Note that while you may mention manuscripts that have not yet been accepted for publication as part of your contribution, you may cite only published papers to support each contribution. Research products can include audio or video products, conference proceedings such as meeting abstracts, posters, or other presentations; patents; data and research materials; databases; educational aids or curricula; instruments or equipment; models; protocols; and software or netware. Use of hyperlinks and URLs to cite these items is not allowed.

You are allowed to cite interim research products. Note: interim research products have specific citation requirements.

You may provide a URL to a full list of your published work. This URL must be to a Federal Government website (a .gov suffix). NIH recommends using [My Bibliography](#). Providing a URL to a list of published work is not required.

Descriptions of contributions may include a mention of research products under development, such as manuscripts that have not yet been accepted for publication. These contributions do not have to be related to the project proposed in this application.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Hunt, Morgan Casey

eRA COMMONS USER NAME (credential, e.g., agency login): huntmc1

POSITION TITLE: Associate Professor of Psychology

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
University of California, Berkeley	BS	05/2003	Psychology
University of Vermont	PHD	05/2009	Experimental Psychology
University of California, Berkeley	Postdoctoral	08/2013	Public Health and Epidemiology

A. Personal Statement

I am an Associate Professor of Psychology, and my research is focused on neuropsychological changes associated with addiction. I have a broad background in psychology, with specific training and expertise in ethnographic and survey research and secondary data analysis on psychological aspects of drug addiction. As PI or co-Investigator on several university- and NIH-funded grants, I laid the groundwork for the proposed research by developing effective measures of disability, depression, and other psychosocial factors relevant to the aging substance abuser, and by establishing strong ties with community providers that will make it possible to recruit and track participants over time as documented in the following publications. In addition, I successfully administered the projects (e.g. staffing, research protections, budget), collaborated with other researchers, and produced several peer-reviewed publications from each project. As a result of these previous experiences, I am aware of the importance of frequent communication among project members and of constructing a realistic research plan, timeline, and budget. The current application builds logically on my prior work. During 2015-2016, my career was disrupted due to family obligations. However, upon returning to the field, I immediately resumed my research projects and collaborations and successfully competed for NIH support. In summary, I have the expertise, leadership, training, expertise and motivation necessary to successfully carry out the proposed research project.

Ongoing and recently completed projects that I would like to highlight include:

R01 DA942367	Hunt (PI)	09/01/16-08/31/21
Health trajectories and behavioral interventions among older substance abusers		
R01 MH922731	Merryle (PI), Role: co-investigator	12/15/17-11/30/22
Physical disability, depression and substance abuse in the elderly		
R21 AA998075	Hunt (PI)	01/01/19-12/31/21
Community-based intervention for alcohol abuse		

Citations:

1. Merryle, R.J. & **Hunt, M.C.** (2015). Independent living, physical disability and substance abuse among the elderly. *Psychology and Aging*, 23(4), 10-22.
2. **Hunt, M.C.**, Jensen, J.L. & Crenshaw, W. (2018). Substance abuse and mental health among community-dwelling elderly. *International Journal of Geriatric Psychiatry*, 24(9), 1124-1135.
3. **Hunt, M.C.**, Wiechelt, S.A. & Merryle, R. (2019). Predicting the substance-abuse treatment needs of an aging population. *American Journal of Public Health*, 45(2), 236-245. PMID: PMC9162292
4. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older nicotine addicts. *Age and Ageing*, 38(2), 9-23. PMID: PMC9002364

B. Positions, Scientific Appointments, and Honors

Positions and Scientific Appointments

2021– Present	Associate Professor, Department of Psychology, Washington University, St. Louis, MO
2020 – Present	Adjunct Professor, McGill University Department of Psychology, Montreal, Quebec, Canada
2018 – Present	NIH Risk, Adult Addictions Study Section, members
2015 – 2017	Consultant, Coastal Psychological Services, San Francisco, CA
2014 – 2021	Assistant Professor, Department of Psychology, Washington University, St. Louis, MO
2014 – 2015	NIH Peer Review Committee: Psychobiology of Aging, ad hoc reviewer
2014 – Present	Board of Advisors, Senior Services of Eastern Missouri
2013 – 2014	Lecturer, Department of Psychology, Middlebury College, Middlebury, VT
2011 – Present	Associate Editor, <i>Psychology and Aging</i>
2009 – Present	Member, American Geriatrics Society
2009 – Present	Member, Gerontological Society of America
2009 – 2013	Fellow, Division of Intramural Research, National Institute of Drug Abuse, Bethesda, MD
2006 – Present	Member, American Psychological Association

Honors

2020	Award for Best in Interdisciplinary Ethnography, International Ethnographic Society
2019	Excellence in Teaching, Washington University, St. Louis, MO
2018	Outstanding Young Faculty Award, Washington University, St. Louis, MO

C. Contributions to Science

1. My early publications directly addressed the fact that substance abuse is often overlooked in older adults. However, because many older adults were raised during an era of increased drug and alcohol use, there are reasons to believe that this will become an increasing issue as the population ages. These publications found that older adults appear in a variety of primary care settings or seek mental health providers to deal with emerging addiction problems. These publications document this emerging problem and guide primary care providers and geriatric mental health providers to recognize symptoms, assess the nature of the problem and apply the necessary interventions. By providing evidence and simple clinical approaches, this body of work has changed the standards of care for addicted older adults and will continue to provide assistance in relevant medical settings well into the future. I served as the primary investigator or co-investigator in all of these studies.
 - a. Gryczynski, J., Shaft, B.M., Merryle, R., & **Hunt, M.C.** (2013). Community based participatory research with late-life addicts. *American Journal of Alcohol and Drug Abuse*, 15(3), 222-238.
 - b. Shaft, B.M., **Hunt, M.C.**, Merryle, R., & Venturi, R. (2014). Policy implications of genetic transmission of alcohol and drug abuse in female nonusers. *International Journal of Drug Policy*, 30(5), 46-58.

- c. **Hunt, M.C.**, Marks, A.E., Shaft, B.M., Merryle, R., & Jensen, J.L. (2015). Early-life family and community characteristics and late-life substance abuse. *Journal of Applied Gerontology*, 28(2),26-37.
 - d. **Hunt, M.C.**, Marks, A.E., Venturi, R., Crenshaw, W. & Ratonian, A. (2018). Community-based intervention strategies for reducing alcohol and drug abuse in the elderly. *Addiction*, 104(9), 1436-1606. PMID: PMC9000292
2. In addition to the contributions described above, with a team of collaborators, I directly documented the effectiveness of various intervention models for older substance abusers and demonstrated the importance of social support networks. These studies emphasized contextual factors in the etiology and maintenance of addictive disorders and the disruptive potential of networks in substance abuse treatment. This body of work also discusses the prevalence of alcohol, amphetamine, and opioid abuse in older adults and how networking approaches can be used to mitigate the effects of these disorders.
- a. **Hunt, M.C.**, Merryle, R. & Jensen, J.L. (2015). The effect of social support networks on morbidity among elderly substance abusers. *Journal of the American Geriatrics Society*, 57(4), 15-23.
 - b. **Hunt, M.C.**, Pour, B., Marks, A.E., Merryle, R. & Jensen, J.L. (2018). Aging out of methadone treatment. *American Journal of Alcohol and Drug Abuse*, 15(6), 134-149.
 - c. Merryle, R. & **Hunt, M.C.** (2020). Randomized clinical trial of cotinine in older nicotine addicts. *Age and Ageing*, 38(2), 9-23. PMID: PMC9002364
3. Methadone maintenance has been used to treat narcotics addicts for many years, but I led research that has shown that over the long-term, those in methadone treatment view themselves negatively and they gradually begin to view treatment as an intrusion into normal life. Elderly narcotics users were shown in carefully constructed ethnographic studies to be especially responsive to tailored social support networks that allow them to eventually reduce their maintenance doses and move into other forms of therapy. These studies also demonstrate the policy and commercial implications associated with these findings.
- a. **Hunt, M.C.** & Jensen, J.L. (2013). Morbidity among elderly substance abusers. *Journal of the Geriatrics*, 60(4), 45-61.
 - b. **Hunt, M.C.** & Pour, B. (2015). Methadone treatment and personal assessment. *Journal Drug Abuse*, 45(5), 15-26.
 - c. Merryle, R. & **Hunt, M.C.** (2018). The use of various nicotine delivery systems by older nicotine addicts. *Journal of Ageing*, 54(1), 24-41. PMID: PMC9112304
 - d. **Hunt, M.C.**, Jensen, J.L. & Merryle, R. (2020). The aging addict: ethnographic profiles of the elderly drug user. NY, NY: W. W. Norton & Company.

Complete List of Published Work in MyBibliography:

<https://www.ncbi.nlm.nih.gov/myncbi/1ICiFFV4VYQZE/bibliography/public/>