



## MANCHIKANTI RESEARCH GRANT APPLICATION

### Instructions and Information

This is the online Manchikanti Research Grant in IPM for Trainees. The committee will consider and review all completed applications. A complete application consists of:

- This completed and submitted form. You will be able to save your progress with this online application and will be able to review your application before submitting.
- Applicant and mentor curriculum vitae (CV current, and updated within 4 weeks of the application date)
- Project proposal should include: title, abstract, specific aims, approach (Background, Hypothesis, Methods, Statistical Analysis, Timeline)
- Detailed budget
- Mentor who is an ASIPP member in good standing.
- Detailed mentorship plan
- Specify the role of any collaborators/co-investigators involved in the study, if applicable.
- Applicant must be ASIPP member (in good standing) and Recipients must maintain ASIPP membership for at least 3 years post-award.

### GENERAL APPLICANT INFORMATION

First Name	M.I.	Last Name	Designation (M.D./D.O.)	Gender	Race/Ethnicity	Birthdate	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### CURRENT PRACTICE INFORMATION

#### Hospital / Practice / Institution

Name	Address	Address 2	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	State	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### RESIDENCY

Program Name and Institution	City	State	Year Started	Year Ended	Specialty
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional notes/comments about your internship and residency

### PAIN FELLOWSHIP (if applicable)

Program Name and Institution	City	State	Year Started	Year Ended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### MENTORSHIP

Mentor's Name & Designation	Practice or Institution	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Mentorship Plan"/>

### COLLABORATORS (if applicable)

Collaborator's Name	Institution	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Curriculum Vitae"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Curriculum Vitae"/>

### COVER LETTER (Optional)

### CURRICULUM VITAE

### SIGNATURE

☐ I certify that the information in this ASIPP Grant application is accurate.

Applicant Signature

Date