

# INOVA SUMMER STUDENT RESEARCH GRANT

## Request for Applications

**Deadline is May 1<sup>st</sup>, 2023, by 5:00 PM (ET)**

### **\*\*NEW FOR THIS YEAR\*\***

All applications must be submitted through a new [online portal](#). Do not email applications to the Grants Management Office (GMO). It is recommended that you access the portal and become familiar with the required data fields well in advance of the deadline. Screenshots and instructions are provided in [Appendix I](#).

### Overview

The goal of the program is to encourage students at the high school, college, and graduate levels to pursue academic careers in healthcare-related fields. The awards are intended to help start the research activity of promising students, offer students an opportunity to publish original research in peer-reviewed journals, and build professional relationships that facilitate career development and future letters of support. Students receiving this award will engage in research during the summer months under the mentorship of an Inova Principal Investigator (PI). Stipend support in the amount of \$2,500 will be provided.

### Eligibility

Applicants must be students enrolled in high school, college, nursing, graduate or medical school programs, and may not be employed by Inova. Applicants must be at least 16 years old by the proposed start date, and must be eligible to work in the United States. Students must identify an Inova-affiliated investigator to serve as their mentor and PI for the proposed research study. The mentor must be eligible to serve as a PI on Inova research studies (See ORI Policy 3.01 for Inova Investigator Qualifications). Note: students currently supported by another grant or fellowship to perform research at Inova are not eligible for this award.

### Program Requirements

It is expected that the student will spend a minimum of 120 total hours engaged in research-related activities. It is the responsibility of the student and mentor to establish a work schedule and track hours. Students will be required to submit a final research report at the end of award period that includes both a summary of results as well as an account of the time spent on research. The final report is separate from any other requirements set by the student's "home" institution or internship program (term papers, poster presentations, etc.).

### Application Process

Applications must be submitted via the [online portal](#). Screenshots and instructions for completing the application can be found in [Appendix I](#). Applications are due by 5:00 PM ET on May 1<sup>st</sup>, 2023. Late applications will not be accepted.

### Application Review and Award Notification

Applying does not guarantee acceptance into the program. The academic qualifications of the student, experience of the mentor, and the feasibility of the proposed project will all be considered. The number of awards issued will depend on the number of qualified applicants and the availability of funds.

Students and their mentors will be notified of their application status May 15<sup>th</sup>, 2023, via an email from GMO ([InovaSeedGrants@inova.org](mailto:InovaSeedGrants@inova.org)).

## **Pre-Award Institutional Requirements**

Prior to acceptance of the award, students must complete the required Inova Human Resources onboarding items ([Appendix II](#)) as well as the Non-Inova Employed Research Staff (NERS) requirements ([Appendix III](#) and [IV](#)). It is the responsibility of the mentor's department to ensure that these requirements are fulfilled before the student engages in research. GMO reserves the right to delay, deny, or rescind an award for failure to abide by Inova's policies. GMO may also request additional documentation as proof of compliance with Inova's research policies.

## **Regulatory Approvals**

Because students are expected to conduct research during the summer months, it is strongly preferred that IRB approval for the study is obtained prior to the application deadline, or shortly thereafter (i.e., within 30 days). It is the responsibility of the mentor and their research department to meet all regulatory requirements in a timely manner and to ensure compliance throughout the duration of the award.

## **Disbursement of Stipends**



Stipends will be paid in two equal installments of \$1,250. The first payment will occur once the applicant completes all requirements outlined in Appendices II-IV and submits an IRS Form W9 to GMO. The second payment will occur at the end of the award period, once GMO receives the final research report (due no later than September 30<sup>th</sup>, 2023).

## **Questions?**

Please email all questions related to this RFA to [InovaSeedGrants@inova.org](mailto:InovaSeedGrants@inova.org).

## Appendix I: Application Instructions

Access the online application portal [here](#). Complete all required fields. This appendix contains screenshots of the application forms with accompanying notes/instructions.

Eligibility	
<b>Anticipated Start Date</b>	<input type="text"/>  Today M-D-Y
<b>Student Date of Birth</b> * must provide value	<input type="text"/>  M-D-Y
<b>Is the student authorized to work in the U.S.?</b> * must provide value	<input type="radio"/> Yes <input type="radio"/> No <a href="#">reset</a>
<b>Is the mentor an Inova employee or affiliated physician with full clinical privileges?</b> * must provide value	<input type="radio"/> Yes <input type="radio"/> No <a href="#">reset</a>

### NOTES/INSTRUCTIONS:

-The student must be 1) at least 16 years old by the anticipated start date, and 2) authorized to work in the United States.

-The Mentor must be an Inova employee, or an affiliated physician with full clinical privileges at the location where the research will take place.

## Student Information

**Student First Name**

\* must provide value

**Student Last Name**

\* must provide value

**Student Email**

\* must provide value

**Current Education Level**

\* must provide value

**School**

\* must provide value

**Degree Program**

\* must provide value

### NOTES/INSTRUCTIONS:

- "Current Education Level" refers to the school in which the student is currently enrolled.

- Applicants must be students enrolled in high school, college, nursing, graduate or medical school programs, and may not be employed by Inova

## Mentor Information

**Mentor First Name**

\* must provide value

**Mentor Last Name**

\* must provide value

**Mentor Email**

\* must provide value

**Service Line**

\* must provide value

## Required Attachments

**Mentor CV/Biosketch**

\* must provide value

[Upload file](#)

**Student CV/Biosketch**

\* must provide value

[Upload file](#)

**Verification of Student Status**

Attach a copy of a valid student ID

\* must provide value

[Upload file](#)

## NOTES/INSTRUCTIONS

-CV/Biosketches should be uploaded as pdf files.

-An NIH-formatted biosketch for the mentor is preferred but not required.

-The student's CV/biosketch should include descriptions of relevant coursework and prior research experience, if any.

-The applicant must submit an image of a valid student ID from the school listed in the application. PDF or JPEG format is preferred.

## Project Information

### Project Title

\* must provide value

### IRB Approval Status

\* must provide value

- Approved  
 Submitted  
 Not Yet Submitted

reset

### Summary of Proposed Research

\* must provide value

Expand

### Learning Objectives

\* must provide value

Expand

## NOTES

- Project Title: should be descriptive but succinct. It does not need to match the title of the IRB submission
- IRB Approval Status: If the protocol has been approved or submitted, please enter the eProtocol number in the pop-up field. If the protocol has not yet been submitted, please enter the expected submission date in the pop-up field. Students, please ask your mentor for this information.
- Summary of Proposed Research: should briefly describe the background, hypothesis, methodology, and expected outcomes of the proposed research. Please keep this summary to 500 words or less
- Learning Objectives: what specific activities will the student engage in during the award period? Examples include data collection, analysis, writing, presentations, seminars, etc.

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**Anticipated Start Date**

Pre-populated from Page 1

**Anticipated End Date**

\* must provide value

 M-D-Y

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**Estimated Hours/Week**

\* must provide value

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**Estimated Total Hours**

\* must provide value

Auto calculated

Should be AT LEAST 120 hours

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**Inova Campus where research will be performed (may select more than one)**

\* must provide value

- IFMC
- ILH
- IAH
- IMVH
- IFOH
- Other

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Submit

Save & Return Later

**NOTES**

- Anticipated End Date: enter the date that the student would be expected to conclude the primary research experience. It is understood that the student may continue to be involved with data analysis and/or manuscript preparation beyond the award period, however a final report for the summer will be due to GMO no later than September 30<sup>th</sup>, 2023. Submission of this report is required to receive the second half of the stipend payment.

- Estimate Hours/Week: Enter the average number of hours per week the student is expected to work.

-Estimated Total Hours: Auto-calculated based on previous two fields. Students are expected to spend a minimum of 120 hours engaged in research during the award period, and will be asked to account for that time in the final report. Research can encompass a variety of activities, including but not limited to data collection, analysis, observation of procedures, writing, literature searches, and seminars.

- Once all required fields are completed, the application may be submitted. Although saved applications can be edited prior to submission, they cannot be revised once submitted. Any student wishing to correct a submitted application must contact GMO prior to the submission deadline. Incomplete applications will not be reviewed.

- Any questions about this RFA or the application portal should be directed to GMO at [InovaSeedGrants@inova.org](mailto:InovaSeedGrants@inova.org)



## Appendix II – Human Resources (HR) Requirements for Students Selected for Award

If selected for an award, each student will receive an email from their Inova HR Business Partner with instructions for completing the following requirements. It is IMPERATIVE that students begin the process for the Background Check and Health Screening as soon as possible following award notification.

- **Background Check-** You should have received an email to complete this through Certiphi
- **Health Screening** - Select an Inova Urgent Care location and visit the website or contact the location for information regarding COVID procedures and facility updates
- **COVID Vaccine Mandate**
- **HIPAA-** Compliance and Ethics Course
- **Inova Behaviors-** please sign and send back to HR
- **Code of Conduct:** Complete and return
- **Information System Security Manual** - please sign and send back to HR.

### **Appendix III – Non-Inova Employed Research Staff (NERS) Requirements (in addition to standard HR requirements in Appendix II)**

All students selected for an award MUST complete ALL applicable requirements before an award can be made. Further guidance provided after award notification.

- NERS Agreement (Appendix IV)
- Documentation of Eligibility to Work/Volunteer in the U.S. (Copy of U.S. Government issued ID or appropriate visa)
- Inova ID Badge – A badge form must be obtained from the student’s department and taken to security to receive a badge AFTER the HR requirements are completed.
- Online Human Subject Research Training (CITI or WCG Academy) – Training required may vary depending upon the specific research project. The student should consult with their mentor and the Inova Human Research Protections Office (HRPO) to determine the training that will be required.

## Appendix IV: Non-Inova Employed Research Staff (NERS) Volunteer/Internship Agreement

\*\*NOTE: The following is for informational purposes only; a copy of this agreement will be sent to the student prior to acceptance of the award.

### IOR 3.02 Non Inova Employed Research Staff Appendix B

#### **Non-Inova Employed Research Staff (NERS) Volunteer/Internship Agreement**

I will be participating as a non-Inova employed research staff (NERS) at Inova Fairfax Hospital Campus, Inova Mount Vernon Hospital, Inova Fair Oaks Hospital, Inova Loudoun Hospital or Inova Alexandria Hospital (individually and collectively, "Hospital").

#### **Confidentiality**

HIPAA thoroughly addresses the privacy of patients' information, but other areas of hospital operations are covered by a requirement for confidentiality. For example, while at the hospital, volunteers may overhear conversations that reveal sensitive business information, such as expansion or reduction plans, increases or decreases in business, merger or acquisition proposals, lawsuits involving Inova, changes in senior management or the like.

What do I do?

- Do not discuss any confidential business information with anyone outside Inova OR with people inside Inova who are not authorized to have access to such information.
- Treat Information Systems passwords, email and voice-mail access as highly confidential. DO NOT SHARE WITH ANYONE ANY PASSWORDS YOU ARE GIVEN TO DO YOUR ASSIGNED TASKS. Violating this rule could result in dismissal, whether you are paid staff or a volunteer.

In performing my duties as NERS, I understand that I may come in contact with, or be provided with sensitive, confidential or proprietary information. Therefore, I hereby agree that I will not now or at any time in the future, without the prior written consent of Inova, either directly or indirectly, divulge, disclose, or communicate in any manner whatsoever to any person not part of the research team for the study:

(a) any confidential information, including, but not limited to, study protocol information, patient information and information regarding quality assurance, risk management and peer review activities; and

(b) any confidential or proprietary information concerning any matters affecting or relating to the business or operations or future plans of the Hospital, the System or any of its affiliates, including, but not limited to, Hospital or System policies, procedures, rules, regulations, and protocols.

I understand that this prohibition extends to, but is not limited to, divulging such information for the purpose of acting as an expert witness, reviewer, or consultant on behalf of a plaintiff or an attorney acting on behalf of a plaintiff, in a claim or action against Inova or any of its affiliates. I further agree that in the event I breach this confidentiality requirement, and without limiting the right of the Hospital or the System to seek any other remedy or relief to which it may be entitled under law, I consent to injunctive relief in favor of the System.

I certify that I have been trained in the privacy and protection of patient information, as required by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated thereunder. Failure to adhere to the standards in the HIPAA

Privacy Rule will result in termination of my NERS status and may result in personal liability and assessment of civil and criminal penalties as prescribed in the Rule.

**Accident**

I agree that in the event of an accident I will report it immediately to my supervisor who will complete an event form. If indicated, and at my own discretion, I will obtain medical treatment for my injuries. As a student/volunteer/ intern, I understand that I am responsible for the cost of my own medical treatment or medical coverage.

**Emergency Contact**

I give permission for Inova to communicate with the emergency contact listed on my/my child's application regarding any health issues or injury that may arise in the course of a volunteer assignment.

**Volunteer/Internship Agreement**

I understand that nothing contained in this application is intended to create a promise of, or contract between IFMC and me for either employment or the providing of any benefit. If a volunteer/internship relationship is established, I understand that my status as a volunteer/intern will be at will and that I or IFMC has the right to terminate my status as a volunteer at any time, for any reason.

Volunteer/Intern/Student Signature:

\_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature (required for volunteers/intern/student under 18):

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_