2024 AHA Postdoctoral Fellowship

Important Notes:

• Proposals must be received no later than 3 p.m. Central Time on the deadline date. Early submission is encouraged.

• Before beginning an application, review the eligibility and requirements that apply to all AHA research awards at AHA Application Resources page.

• All proposals must be submitted electronically via ProposalCentral. The system will open eight weeks prior to the application deadline to complete your proposal and upload documents. You can begin to create your documents now; please refer to the AHA Application Instructions (PDF). All submissions require a signature from a designated institutional representative.

• Applicants must be AHA Professional Members at the time of application. This must be done online. Join or begin the membership process well before the deadline.

Proposal deadline:
Thursday, September 7, 2023
ProposalCentral will open for submissions by July 3, 2023

Purpose

To enhance the training of postdoctoral applicants who are not yet independent. The applicant must be embedded in an appropriate investigative group with the mentorship, support, and relevant scientific guidance of a research mentor. Recognizing the unique challenges that clinicians, in particular, experience in balancing research and clinical activity, this award mechanism aims to be as flexible as possible to enable applicants to develop academic careers in research alongside fulfilling clinical service commitments.

• The trainee and mentor should collaboratively provide a thoughtfully planned, systematic proposal aimed at clearly answering an investigative
question in cardiovascular, cerebrovascular or brain health research. (5-page limit). A fellow must have primary responsibility for the writing and the preparation of the application, understanding the mentor will play a significant part in providing guidance to the applicant. Because the fellow receives only a stipend from the award, additional monetary support for the proposed work MUST come from the mentor's laboratory. Therefore, the proposal will likely be related to the mentor's currently funded work. The mentor should clarify the role the applicant played in developing the proposal, the relationship of the proposal to ongoing work in the mentor's laboratory, and how the proposal will contribute toward the training and career development of the applicant.

- A new fellow may not have had adequate time to generate preliminary data; therefore, applicants may present preliminary data generated by the mentor. The assessment of preliminary data, whether generated by the mentor or the applicant, should be put into perspective so that bold new ideas and risk taking by beginning investigators are encouraged rather than stymied. Submission of an application to the AHA with identical or significantly similar content as a submission by another investigator is prohibited. Also, the submission of an application to the AHA with identical or significantly similar content from a mentor to a grant program and his/her fellow to a fellowship program is prohibited. In such cases, both applications may be removed from funding consideration. If a grant application is submitted by the mentor of a fellowship application, both applications may be funded if there is no duplication of aims.

Eligibility

- At the time of award activation, the applicant must hold a post-baccalaureate PhD degree or equivalent, or a doctoral-level clinical degree such as MD, DO, DVM, PharMD, DDS, DPh, or PhD in nursing, public health or other clinical health science.
- At the time of award activation, the awardee may not be pursuing a doctoral degree.
- At the time of award activation, the applicant may have no more than five years of research training or experience since obtaining a post-baccalaureate doctoral-level degree (excluding clinical training).
- The awardee will be expected to devote at least 80 percent of full-time work either to research or to activities pursuant to independent research (instead of administrative, clinical duties that are not an integral part of the research training program, or teaching responsibilities).
- This award is not intended for individuals of faculty rank.
Exceptions:

- MD or MD/PhD with clinical responsibilities who needs instructor or similar title to see patients, but who will devote at least 80% full-time to research training.
- R.N./PhD with a clinical appointment. The awardee will be expected to devote his/her time to research or activities directly related to the development into an independent researcher. All other eligibility criteria apply.

- Applicants are not required to reside in the United States for any period before applying for American Heart Association funding. An awardee must maintain an AHA-accepted visa throughout the duration of the award. Please refer to [AHA Application Resources](#) for acceptable visa types.

**Mentor/Sponsor**

It is imperative that the fellow receive counsel and direction from a mentor who is an established investigator (as outlined in the peer review criteria for the mentor/training plan below) invested in the progress of the project.

- The trainee and mentor should collaboratively provide a thoughtfully planned, systematic proposal aimed at clearly answering an investigative question in cardiovascular, cerebrovascular or brain health research. (5-page limit). A fellow must have primary responsibility for the writing and the preparation of the application, understanding the mentor will play a significant part in providing guidance to the applicant. Because the fellow receives only a stipend from the award, additional monetary support for the proposed work MUST come from the mentor’s laboratory. Therefore, the proposal will likely be related to the mentor’s currently funded work. The mentor should clarify the role the applicant played in developing the proposal, the relationship of the proposal to ongoing work in the mentor’s laboratory, and how the proposal will contribute toward the training and career development of the applicant.

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significantly similar content from a mentor to a grant program and his/her fellow to fellowship program is prohibited. In such cases, both applications may be removed from funding consideration. If a grant application is submitted by the mentor of a fellowship application, both applications may be funded if there is no duplication of aims.

AHA does not require but strongly encourages institutions to develop and use Individual Development Plans (IDPs) for AHA training programs. IDPs provide a structure for the identification and achievement of career goals.

The trainee’s career goals, as stated in “Part A - Personal Statement” of the fellow’s biosketch, and the mentor’s training plan must be complementary to one another and focused specifically on the individual. A standardized training plan will not be viewed favorably.

References

Each applicant must obtain three letters of reference. Those providing the references must upload them into ProposalCentral by the deadline date. The proposal cannot be submitted without the reference reports. A mentor, co-mentor, department head, collaborating investigator or consultant contributing to the proposal may not serve as a referent.

A referent is an individual familiar with the applicant’s scientific interests and abilities. Letters should be composed by the referent and should not originate from the applicant. Any appearance of substantially similar language in reference letters will be factored into the score for the Mentor and Environment, which will impact the overall score. Please visit the Reference Information page for information about the referent upload process and to download a template of the Reference Report form.

Budget

The AHA does not pay indirect costs on fellowships.

Annual Stipend - Will match the latest published NIH sliding scale for postdoctoral fellows at the time the AHA begins to accept proposals (July 3, 2023)
NIH Annual Stipend Sliding Scale

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<th>Years of Experience</th>
<th>Stipend</th>
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<tbody>
<tr>
<td>0</td>
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<td>6</td>
<td>$66,228</td>
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<tr>
<td>7 or more</td>
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+ $12,200 per year for health insurance. Note: Stipend may be used to further supplement health insurance cost, however, the health insurance allowance may not be used for any other purpose.

Project Support

$3,000 per year, in addition to the stipend. No limit on any line item (travel, computer, equipment, etc.). A minimum of $1,500 per year must be spent on travel to a national conference (attendance at AHA Scientific Sessions is strongly encouraged). International travel is permitted and does not require prior AHA approval.

Award Duration

One or two years. May apply for a second two-year award. All eligibility criteria apply. Maximum of four years of AHA postdoctoral fellowship support per individual.

Restrictions

- An applicant may submit only one AHA Postdoctoral Fellowship application per deadline.
- An AHA Postdoctoral Fellowship awardee may hold only one AHA award at a time.
- The awardee must resign the award if promoted to a staff or faculty position. However, an awardee with a faculty position remains eligible for this award if
that awardee maintains clinical responsibilities under the supervision of an instructor.

- An AHA Postdoctoral Fellowship awardee may not hold another AHA award concurrently. However, the awardee may submit an application for a subsequent AHA award during the last year of the project and must resign the AHA Postdoctoral Fellowship if another AHA award is activated.
- The awardee may not hold a comparable award (such as another fellowship) as a source of supplementation. An applicant who receives AHA funding, but has an ongoing training grant from another source, may defer the start of the AHA award up to six months to complete the existing fellowship. Prior AHA approval is required.
- AHA allows supplementation from other sources to meet the sponsoring institution’s stipend and benefit levels, however, the awardee may not hold a comparable award (such as another fellowship) as a source of supplementation.
- A mentor may supervise no more than four AHA-funded fellows (predoctoral and/or postdoctoral) and no more than two AHA-supported student fellows (undergraduate and/or medical/graduate students) at any time. This restriction does not apply to co-mentors. Fellows who are part of an AHA Strategically Focused Research Network are excluded.
- A new fellow may not have had adequate time to generate preliminary data; therefore, applicants may present preliminary data generated by the mentor. The assessment of preliminary data, whether generated by the mentor or the applicant, should be put into perspective so that bold new ideas and risk-taking by beginning investigators are encouraged rather than stymied. Submission of an application to the AHA with identical or significantly similar content as a submission by another investigator is prohibited. Also, the submission of an application to the AHA with identical or significantly similar content from a mentor to a grant program and his/her fellow to a fellowship program is prohibited. In such cases, both applications may be removed from funding consideration. If a grant application is submitted by the mentor of a fellowship application, both applications may be funded if there is no duplication of aims.
- The trainee and mentor should collaboratively provide a thoughtfully planned, systematic proposal aimed at clearly answering an investigative question in cardiovascular, cerebrovascular or brain health research. (5-page limit). A fellow must have primary responsibility for the writing and the preparation of the application, understanding the mentor will play a significant part in providing guidance to the applicant. Because the fellow receives only a stipend from the award, additional monetary support for the proposed work MUST come from the mentor’s laboratory. Therefore, the proposal will likely be related to the mentor’s currently funded work. The
mentor should clarify the role the applicant played in developing the proposal, the relationship of the proposal to ongoing work in the mentor's laboratory, and how the proposal will contribute toward the training and career development of the applicant.

- The American Heart Association permits the use of a large language model (LLM – e.g. ChatGPT) or an artificial intelligence tool to generate and/or edit content in research proposals submitted for funding. This information must be disclosed at the time of submission. Disclosure of this information does not impact peer review. Should this information not be disclosed accurately, and use of these tools is identified, the proposal may be administratively withdrawn.

**Peer Review Criteria**

An applicant is prohibited from contacting AHA peer reviewers. This is a form of scientific misconduct and will result in the removal of the application from funding consideration and institutional notification of misconduct.

The American Heart Association DOES NOT permit the use of a large language model (LLM – e.g. ChatGPT) or an artificial intelligence tool to generate and/or edit content in peer review critiques. Uploading of any portion of a research proposal into a large language model (LLM – e.g. ChatGPT) or an artificial intelligence tool to assist in writing a critique of the proposal is explicitly prohibited as it is a violation of the AHA’s Peer Reviewer Certification Statement (to include confidentiality, non-disclosure, and conflict of interest).

The AHA reserves the right to an initial triage, whereby a minimum of half of the submissions may be triaged.

To judge the merit of the application, reviewers will comment on the following criteria. Please address these in your proposal. Each criterion will account for one-third of the overall score. The AHA uses a 1-9 score scale and AHA Peer Review Guidance.

Criterion 1 – Evaluation of the Summary for Non-Scientists – 5%

AHA Mission: *To be a relentless force for a world of longer, healthier lives.*

1. How well written is the Non-Scientist Summary in explaining to a non-scientist audience the research proposed and its importance?
2. Does the Non-Scientist Summary adequately explain the major health problem being addressed by this study?
3. Does it provide specific questions and how the projects will address them?
4. Does it provide information on the overall impact of this work and the potential advances in the field?
5. Does it relay how the proposal supports the mission of the AHA?

Criterion 2 - Evaluation of the Applicant – 30%

1. Does the applicant have the potential for a research career?
2. Are the applicant’s career plans specified in the application?
3. Is this supported by the applicant’s academic record and the assessment provided by the three letters of reference?
4. Does the applicant have prior research experience and/or publications?
5. Is there a clear rationale supporting the need for the proposed training?
6. What is the mentor’s assessment of the applicant?

Criterion 3 - Mentor/Training Plan and Environment – 35%

Because the fellow receives only a stipend from the award, additional monetary support for the proposed work MUST come from the mentor's laboratory. Therefore, the proposal will likely be related to the mentor's currently funded work. The mentor should clarify the role the applicant played in developing the proposal, the relationship of the proposal to ongoing work in the mentor’s laboratory, and how the proposal will contribute toward the training and career development of the applicant.

Mentor (Sponsor) and Training Plan

1. Is the mentor an independent investigator?
2. Does the mentor have the experience to direct the proposed training, as evidenced by a track record regarding productivity, funding and prior trainees?
3. Does the mentor have adequate current funding to support the applicant’s project?
4. Does the mentor demonstrate familiarity with the applicant’s career and developmental goals and provide a comprehensive plan that supports the applicant’s career goals, which should be outlined in the Personal Statement section of the applicant’s biosketch?
5. Is there a plan for instruction in the responsible conduct of research, considering the specific characteristics of the training program, the level of trainee experience, and the particular circumstances of the trainees? The reviewers will evaluate the adequacy of the proposed training in relation to the following: A sufficiently broad selection of subject matter, such as conflict of interest, authorship, data management, human
subjects and animal use, laboratory safety, research misconduct, research ethics. AHA does not require submission of the NIH RCR form.

Environment

Does the scientific environment in which the work will be done contribute to the probability of a successful learning experience? Is there evidence of institutional commitment?

Criterion 4 - Evaluation of the Proposal - 30%

The trainee and mentor should collaboratively provide a thoughtfully planned, systematic proposal aimed at clearly answering an investigative question in cardiovascular, cerebrovascular or brain health research. (5-page limit)

Note: The proposal will be assessed on scientific merit, but equally as an integral part of the applicant's development into a career aligned with AHA's mission.

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1. Is the Proposed Work:

   - Appropriate for the applicant, given his/her academic background, experience and career interests?
   - Does the proposal contain the right balance of challenge, importance of the research question, and feasibility in relation to the applicant's experience and training?

2. Does the Proposed Project

   - Include a specific hypothesis and describe the applicant's role;
   - Provide a concise account of the subject matter, an overview of each part of the proposal, specific aims and the methodology;
   - For all applications that include vertebrate animals or human subjects, applicants must explain how relevant biological variables, such as sex, are factored into the research design, analysis and reporting. Furthermore, strong justification from the scientific literature, preliminary data, or other relevant considerations, must be provided for applications proposing to study only one sex.
3. Significance

- Does this study address an important problem that is a barrier to a world of longer, healthier lives?
- Does the science accelerate the discovery, interpretation and application of scientific knowledge to enhance and treat cardiovascular and brain health?