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| Image 2 | The American Hand Therapy Foundation’s mission is to improve patient outcomes by promoting evidence-based practice through funding clinical and scientific research and education.*AHTF is committed to promoting a culture that respects diversity, inclusion, equity, and justice for all stakeholders involved in the delivery and research of upper extremity care.* |

**American Hand Therapy Foundation**

**Evelyn Mackin Travel Grant for Education and Research**

**This grant is generously underwritten by North Coast Medical, Inc.**

**Background:** In 2004, the American Hand Therapy Foundation (AHTF) established a grant in recognition of Evelyn J. Mackin, PT. The intent was to foster professional relationships throughout the hand therapy community and increase the visibility and quality of hand and upper limb rehabilitation throughout the world. This would be accomplished through hand and upper limb rehabilitation education in areas that lack access to care by trained hand therapists and through face-to-face communication for research development purposes.

**Goal:** Increase the global visibility and quality of hand and upper extremity rehabilitation through education, research, and  communication.

**Purpose:** Fund travel expenses for an occupational or physical therapist with advanced skills to conduct clinical education and/or clinical research activities.

**Amount:** Up to $10.000

**Eligibility:** The applicant must be a licensed occupational or physical therapist. The applicant may not concurrently receive funds for any other AHFT grant within one calendar year. One of the participants (applicant or host team) must be a current member of the American Society of Hand Therapists.

**Qualifications:** The qualifications of the applicant must match the purpose of the visit. Proof of expertise may be the following: 1) Hand therapy certification; 2) Active employment in hand therapy practice, education, and/or research; 3) OT or PT license with at least 5 years of upper extremity rehabilitation experience. Additionally, applicants must also provide evidence that their advanced skillset matches the purpose of the proposed travel visit.

**Submission:** Application is open from May 1 through July 1.

**Post-award reporting:** Upon conclusion of the funding period, the applicant is expected to: 1) Prepare an in-person podium or poster presentation at the following year’s American Society of Hand Therapists (ASHT) Annual Meeting; OR 2) Prepare a submission to the ASHT Times. When appropriate, applicants are encouraged to consider a submission for publication to the *Journal of Hand Therapy* or another peer-reviewed journal.

**Prior to submission:** Review pre-post award requirements and responsibilities at [www.ahtf.org](http://www.ahtf.org). Inquiries: Director of Grants at grants@ahtf.org.

**Use the application forms and guidelines listed below.**

**APPLICATION FORM**

|  |  |
| --- | --- |
| **Applicant Name:** |       |
| **Project Title:** |       |
| **Facility Name/ Address** |       |
|       |
| STREET |
|       |       |       |
| CITY | STATE | ZIP CODE |
|       |       |
| PHONE | FAX |
|       |
| EMAIL ADDRESS |
| Year, location, type of hand therapy credential and current status, certification number if appropriate |       |
| Year, location, and type of professional degree. |       |
| PT licensure, OT licensure/ registration information, numbers, expiration date. |       |
| # of years working in a hand and upper extremity therapy practice/ education/ and or research. |       |
| Personal or other contact information for the dispersal of the grant funding (if awarded) |       |
| Anticipated start date |       |
| Anticipated completion date |       |
| Date of letter of commitment by the host site(s) (attach the letter(s) of commitment) |       |
| Add key personnel information to Form B;  |  |
| Curriculum Vitae | Not exceeding 4 pages to support your expertise. |
| Signature and Date:  |

**PROPOSAL GUIDELINES**

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| **PROPOSAL NARRATIVE: Sections I, II and III****Narrative: Include the following information in the Proposal Narrative for Sections I, II and III. (Not to exceed five pages of 12-point font type, single spaced).** 1. **Overall aims of the travel visit**
	1. Goals and objectives for the applicant
	2. Goals and objectives for the host site therapists
	3. Consider SMART goal descriptions (Specific, Measurable, Attainable, Relevant, and Time-based goals)
2. **Justification of the travel to complete the visit**
	1. A background description to justify the need and/or opportunities presented in the visit
	2. Explain why travel is needed to meet the aims of the visit
	3. Describe the qualifications of the applicant and the qualifications of the host site therapists to meet the goals and objectives of the visit (Curriculum Vitae for the applicant, a letter of commitment for the host contact)
3. **Logistics of the travel and how to accomplish the stated goals**
	1. Travel itinerary: Include travel specifics, clinic specifics and clinic location, dates, plans for lodging at the site.
	2. Project plans
		1. Plans for the teaching/ learning and/or research sharing expertise
		2. Specify the roles of the applicant and the host site therapist(s)
		3. Describe outcomes to document the results of the experience
		4. Anticipated barriers or problems and plans to address them
		5. Timeline for the proposed activities
		6. Plans to disseminate the results of experience.
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**Additional information:**

1. **Itemized Budget and Justification for each item (Form A)**
2. **Study personnel (Form B)**
3. **For the host site:**
	1. Include a letter of commitment by the primary contact of the host site in the submission.
4. **Curriculum Vitae; not to exceed 4 pages**
	1. Information may include but does not need to be limited to: Education leading to expertise and clinical skills, teaching, professional volunteer service, collaborations in underserved settings, research and publications, development of products or treatment technique to benefit hand therapy.

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| **PROPOSAL NARRATIVE: Sections I, II and III****(Not to exceed 5 pages of at least 12-point font type, single spaced)** |

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| **Form A: BUDGET SUMMARY PAGE (***Add or delete rows as needed)* |
| **Item** | **Cost** | **In kind (when applicable)** | **Requested Funding** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **BUDGET JUSTICATION** |

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| **Form B: KEY PERSONNEL SUMMARY PAGE** |
| **Key personnel** | **Name** | **Email**  | **ASHT Membership (Yes/No) Include member number** |
| Applicant |  |  |  |
| Host personnel |  |  |  |
| Additional key personnel |  |  |  |
|  | *Add or delete rows as needed* |  |  |