THAD & GERRY WAITES RURAL CARDIOVASCULAR RESEARCH FELLOWSHIP

AMERICAN COLLEGE of CARDIOLOGY

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Part 1: Background & Goals

What are the goals of the Fellowship?

This Fellowship develops cardiologists who can lead system-level change in rural cardiovascular health. Fellows will:

- Learn to design and implement community-based interventions
- Collaborate with state and tribal health departments
- Conduct practical, policy-relevant research
- Present findings through ACC national channels as coordinated by the ACC

How many Fellowship awards will be granted each year?

One (1) Fellow is selected annually. This structure allows close mentorship, tailored rotations and individualized leadership development.

Is this ACGME accredited?

No, this is a one-year non-ACGME research Fellowship.

What are the responsibilities of the Fellows?

The Fellow will:

- Research the delivery of clinical cardiovascular care in rural and underserved settings.
- Design and implement community-based interventions, including health screenings and educational fairs.
- Apply implementation science frameworks (e.g., CFIR, RE-AIM) to guide, monitor and evaluate site-specific projects.
- Analyze national and local datasets to inform intervention design and assess impact.
- Submit at least one (1) manuscript to a peer-reviewed journal and contribute to toolkits, reports and other scholarly outputs.
- Present project findings and updates at ACC Chapter meetings and other relevant professional forums.
- Maintain an active mentorship relationship with an ACC-assigned mentor throughout the Fellowship year.
- Collaborate with preceptors and host sites to complete onboarding, conduct research activities and communicate with Fellowship Program Directors and ACC staff on progress.
- Participate in ACC-sponsored events, publications and webinars as a representative of the Fellowship program.
- Arrange personal travel and lodging for rotations and submit expenses for reimbursement pursuant to ACC policies.

- Attend and contribute to local and state-level public health and policy meetings, as applicable.
- Lead or assist with community health education events focused on cardiovascular risk reduction.
- Maintain regular communication, reporting and debriefs with ACC program staff and site teams.
- Dedicate approximately 75-80% of the year's professional time and best efforts to the performance of the research activities set forth in the research proposal.
- Cooperate with each rotation site to fulfill credentialing requirements for access to the host site facilities.
- Execute and comply with any Data Use Agreements required to carry out the research activities.
- Complete ACCF-required training on the protection of human subjects
- Provide ACC with de-identified data produced by Fellow during the course of the Fellowship research activities.
- Submit to the ACC for review and approval any proposed publication or distribution of aggregate data or reports produced in connection with the Fellowship (e.g., abstracts and manuscripts).

Part 2: Eligibility

Who is eligible to apply?

Applicants must:

- Be a current third or fourth-year cardiovascular fellows-in-training or within three (3) years of post-fellowship completion.
- Demonstrate a clear commitment to rural cardiovascular health, equity-driven research and community-based interventions.
- Receive commitment from a sponsoring institution, clearly documented in writing, to support the Fellow's participation in the Fellowship and agreement to fund any additional indirect costs exceeding the $10,000 allowance provided by the award.

Can current cardiology fellows apply?

Yes. Current cardiology fellows who are in their third or fourth year may apply, and must demonstrate:

- Explicit protected research time (approximately 75-80% of the year's professional time and best efforts to the performance of the research activities set forth in the research proposal)
- Institutional support for balancing clinical training and research

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Can this be part of a standard cardiology fellowship or a fourth year?

Yes. For current trainees, the Fellowship may function as a research or equity track within their third year if the sponsoring institution approves. Early-career cardiologists may also complete it as a focused fourth-year or post-fellowship experience.

Can IMGs apply for this Fellowship?

Yes, IMGs are eligible to apply, provided they possess the necessary time and effort for the Fellowship.

Are pediatric cardiologists eligible to apply?

Yes. Pediatric cardiologists may apply if their work addresses cardiovascular prevention or management among rural children, adolescents, or congenital heart disease populations.

What are the licensure requirements?

Fellows must maintain an active medical license through their sponsoring institution. The sponsoring institution must maintain insurance policies with limits to cover the Fellow's activities, including but not limited to medical malpractice insurance.

Are there restrictions for visa holders?

Applicants on J-1 or H-1B visas are eligible if their sponsoring institution remains the visa sponsor. The ACC cannot issue or transfer visas but will support the coordination of all domestic travel consistent with the sponsoring institution's policy.

Part 3: Budget & Funding

What is the total Fellowship award amount and how is it allocated?

The Fellowship provides up to $70,000 in funding and support paid directly to the Fellow.

What are the financial responsibilities of the sponsoring institution?

The ACC will pay the sponsoring institution a fee in the amount of $10,000.00 to cover the sponsoring institution's indirect costs associated with supporting the Fellow during the Fellowship. Any expenses incurred by the sponsoring institution exceeding the $10,000 sponsoring institution fee, including but not limited to additional overhead, administrative costs, insurance, health care coverage, disability coverage, fees, or additional research-related expenses, must be fully assumed by the sponsoring institution and shall be its sole responsibility.

Do applicants need to submit a budget justification?

No. The financial structure is standardized between the ACC and each participating host site. Fellows do not need to prepare independent budgets.

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How is funding distributed?

The ACC provides approximately $80,000 per Fellow, per year broken down as follows:

- $70,000 to the Fellow to conduct the Fellowship program activities
- $10,000 to the sponsoring institution to support indirect costs associated with supporting the Fellow during the Fellowship.

What do indirect costs cover?

Indirect funds support institutional services such as payroll, compliance, insurance and facilities. The rate is fixed and does not reduce the Fellow's award or travel stipend.

What costs are handled directly by the ACC?

The ACC arranges and funds all housing, transportation and travel related to rotations, as well as site coordination and educational resources. These are not deducted from the institutional award.

Summary of Responsibilities

Category	ACC Responsibilities	Sponsoring Institution Responsibilities
Funding	Provides $70,000 direct + $10,000 indirect; covers all housing, travel and Fellowship program costs	Manages payroll, benefits, licensure and insurance
Rotations	Organizes and funds four (4) immersive rotations (2–4 weeks each)	Maintains Fellow's appointment and academic oversight
Travel & Lodging	Fully funded and arranged by ACC	No financial responsibility
Insurance	Maintains coverage for ACC	Maintains coverage for fellow and sponsoring institution
Program Oversight	Drs. Echols and Berlacher with preceptors	Local Fellowship director and institutional mentor

Part 4: Rotations

Where will the Fellow be placed and what is the expected travel schedule?

Each year's Fellow will have a unique set of placements to broaden the Fellowship program's reach. Because only one (1) Fellow is appointed per year, rotations are completed individually with local preceptors and community partners. Over time, this design exposes the collective Fellowship to a wide range of rural, tribal and regional health care systems.

For upcoming cohorts, planned immersion sites include:

- Jackson and Hattiesburg, Mississippi
- Morgantown, West Virginia
- Seattle, Washington
- Atlanta, Georgia

Each rotation lasts roughly 2–4 weeks, supporting experience and the ability to gain insight in local health systems while maintaining a central research focus with the sponsoring institution.

How long are the rotations?

Each Fellow completes up to four (4) rotations, averaging 2–4 weeks each. The total immersion time is about 8-12 weeks, distributed throughout the Fellowship year.

Will the Fellow travel to all host sites and rotations?

Yes. Each Fellow rotates through multiple states to gain exposure to diverse rural and semi-rural care models.

What is the balance between time at the host sites and at the sponsoring institution?

The Fellow will spend about two-thirds of the year at their sponsoring institution working on research, leadership activities and community engagement planning.

The remaining one-third is immersive field experience coordinated and funded by the ACC.

Who supervises the Fellow during rotations?

Each site designates a local preceptor, typically a cardiologist, hospital leader, or public-health official. The Fellowship program is directed by Drs. Melvin R. Echols and Katie Berlacher, who oversee curriculum, mentorship and evaluation.

Will Fellows work in rural clinics or major centers?

Both. Fellows will experience community-based care delivery in rural and tribal areas, while also connecting with regional academic or tertiary partners for mentorship and data collaboration.

Part 5: Housing and Travel

Is housing provided during rotations?

Yes. The ACC fully covers room and board for all rotations that take place away from the sponsoring institution. Housing is arranged through hospital partners or extended-stay accommodations close to the host site.

How are travel, housing and logistics managed?

ACC covers all transportation between sites, including flights, ground travel and local commuting needs during rotations away from the sponsoring institution. Fellows will receive itineraries, host site

contact details, and information about accommodations, transportation and reimbursements before each rotation. Home institutions are not responsible for rotation-related expenses.

Part 6: Objectives and Research Opportunities

What are the expectations for research or projects?

Applicants should propose a general area of interest, for example, hypertension control, tele-cardiology expansion, or community health worker (CHW) program development.

The project concept does not need to be fully defined at the time of application. During the Fellowship year, mentors and preceptors will help refine and align the project with the Fellow's interests, available data and community needs.

Can Fellows access data or registries beyond those listed?

Yes. Fellows may use additional datasets (institutional, state or federal) with approval from their home IRB and the program directors. The ACC will assist with providing access to national registries such as NCDR® when appropriate.

Can pediatric or preventive cardiology projects qualify?

Yes. The Fellowship program welcomes proposals across the full cardiovascular continuum, from pediatric prevention to advanced heart failure, provided the work advances health equity in rural populations.

What kind of research is expected?

Fellows will conduct a dataset-driven, equity-focused project using:

- National Readmissions Database (NRD)
- National Inpatient Sample (NIS)
- American Community Survey (ACS)
- ACC Health Equity Heat Map

Research must be grounded in the CFIR and RE-AIM implementation frameworks and should aim to generate findings that are publishable and support future intervention funding (e.g., NIH, PCORI).

Part 7: Application & Timeline

What are the required components of the application?

Applicants must submit:

- Cover Letter (1 page)

- Personal Statement (max two pages)
- Research Proposal (maximum six pages, strict formatting rules)
- Sponsoring Institution Letter of Commitment
- NIH-format Biographical sketch
- Two (2) Letters of Recommendation

When is the application due?

Portal opens: Wednesday, August 19, 2026
Deadline: Thursday, October 22, 2026 (11:59 p.m. ET)
Late or incomplete applications will not be considered for review.

How are applications reviewed?

Applications are scored based on:

- Alignment with Fellowship goals
- Quality and feasibility of the applicant's research proposal
- Use of required datasets (NRD, NIS, ACS and the ACC Health Equity Heat Map)
- Integration of CFIR and RE-AIM Frameworks
- Candidate qualifications and commitment
- Sponsoring institution and mentor commitment

Are there restrictions on how the proposal can be developed?

Yes. The use of generative AI to draft, generate, or otherwise create any portion of the application or research proposal is prohibited. However, the use of AI tools for editing and proofreading is permitted, provided that all substantive content, ideas, analyses and written materials submitted are the applicant's own original work. Strict formatting guidelines (margins, fonts and page limits) must be followed.

What should the cover letter include?

The cover letter (1 page) should:

- State the candidate's qualifications
- Explain alignment with Fellowship objectives
- Clearly express motivation for applying to this rural cardiovascular health equity Fellowship

What should the research proposal include?

The research proposal (maximum six pages, excluding references) must follow strict formatting guidelines and include:

- Background & Significance:
  - Identify specific cardiovascular disparities targeted.

    - Use of NRD, NIS, ACS and ACC Health Equity Heat Map to establish baseline conditions and justify site selection.
- Specific Aims & Hypotheses:
    - Clearly defined, measurable and feasible objectives aligned with Fellowship goals.
- Methods and Implementation Approach:
    - Detail planned interventions (e.g., CHW training, tele-cardiology, patient education, community engagement).
    - Clearly articulate integration and application of CFIR and RE-AIM frameworks.
- Expected Outcomes & Metrics:
    - Clinical outcomes (e.g., reductions in hospitalization, improved BP control, reduced cardiovascular disparities).
    - Clear measurement criteria, evaluation methodology and analytical strategies utilizing provided data resources.
- Sustainability & Scalability Plan:
    - Strategies for sustaining and scaling effective interventions beyond the Fellowship term.

Who owns the research data collected by the Fellow during the Fellowship program?

Subject to the rights of the individual research subjects, the Fellow will own all right, title, and interest in the de-identified research data collected by the Fellow in the course of performing the research activities during the Fellowship program, as well as any resulting abstract or manuscript. As a condition of participation, the Fellow and the Fellow's sponsoring institution must grant ACC a license to the de-identified data for the purpose of advancing ACC's tax-exempt mission and purposes.

Does the Fellow need ACC's approval to publish an abstract or manuscript based on the research data collected?

Yes, any proposed publication must be submitted to ACC for review and approval, which will not be withheld unreasonably, prior to publication.

What should the sponsoring institution Letter of Commitment include?

This 2-page letter must explicitly include:

- Detailed institutional capacity, infrastructure, mentorship commitments and resources provided to the fellow.
- Acknowledgment of institutional financial responsibility for all indirect, administrative, overhead, or additional academic expenses exceeding the $10,000 provided by the Fellowship award.

If the applicant is still in an active cardiology fellowship, the Program Director must sign the letter.

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What are the formatting requirements for the research proposal?

Formatting guidelines include:

- Maximum six pages (excluding references), submitted as a single PDF
- 1-inch margins, double-spaced (except references and figure legends)
- Arial, Calibri, or Times New Roman, 11-point font (10-point for legends)
- Page numbers at bottom center
- Applicant's name in the top-right header of each page
- Clearly numbered/titled figures and tables within margins

What should the Background and Significance section include?

This section (1–1.5 pages) must:

- Identify a specific cardiovascular disparity in rural settings
- Use public datasets (NRD, NIS, ACS, ACC Heat Map) to establish baseline data
- Justify the need for a dataset-driven approach
- Explain how the project could inform larger-scale interventions or future grants

What should be included in the Specific Aims and Hypotheses?

This section (0.5 page) must:

- Define 1–2 achievable aims using national datasets
- Link aims directly to measurable outcomes
- Include at least one testable hypothesis based on rural cardiovascular health disparities

What belongs in the Methods and Data Analysis section?

This section (2–2.5 pages) should:

- Outline study design and data source utilization (NRD, NIS, ACS, ACC Heat Map)
- Describe statistical methods (e.g., regression, multivariate analysis)
- Explain how CFIR and RE-AIM frameworks will inform analysis and future interventions
- Include data management and compliance plans

What should be described in Expected Outcomes and Grant Development?

This section (0.5–1 page) should:

- Describe anticipated deliverables (e.g., manuscript, abstract)
- Highlight how findings support future grant proposals (e.g., NIH R01, PCORI)
- Connect outcomes to larger-scale rural intervention planning

What goes into the Sustainability and Scalability Plan?

This section (0.5 page) should:

- Clearly define how the findings will inform pilot interventions
- Describe pathways to scale and sustain impact post-fellowship
- Highlight readiness for follow-up grant applications

What is required in the References section?

References must be:

- Provided separately and not counted in the page limit
- Formatted in NIH or AMA style
- Included as full citations supporting methods and data sources

Can applicants use generative AI tools to write the proposal?

No. The use of generative AI for original content creation is strictly prohibited. However, use of AI tools for editing and refinement support is permitted.

What guidance is provided for Cardiology Fellowship Program Directors?

Program Directors supporting current fellows should:

- Ensure research aligns with ACGME competencies
- Approve structured time-management plans for research vs. clinical work
- Confirm mentor availability and infrastructure for data management and compliance
- Support scholarly output (publications, presentations)
- Describe how the research aligns with institutional quality improvement goals

What are the types of regulatory and compliance documents needed from the sponsoring institution?

- Letter of sponsoring institution support confirming approval for the Fellow's participation in the Fellowship program.
- Agreement between the ACC, the Fellow and the sponsoring institution outlining the responsibilities of each party.
- Verification of clinical credentials appropriate to the Fellow's role.
- Proof of insurance coverage (e.g., certificate of insurance).
- IRB reliance agreements or exemption confirmation for implementation research activities.
- Documentation of human subjects' research training (e.g., CITI certification).
- Data use agreements (DUAs) for access to datasets.
- Institutional travel approval or acknowledgment of ACC travel reimbursement.
- Confirmation of employment status and protected time or leave for Fellowship duties.
- HIPAA training documentation and any required privacy/confidentiality forms.

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Part 8: Leadership Development

This Fellowship is more than a training experience; it is preparation for leadership. Fellows are expected to:

- Engage with community and policy leaders
- Participate in ACC Health Equity and Advocacy initiatives
- Present at regional or national meetings as coordinated by ACC
- Contribute to building the next generation of rural cardiovascular programs

Each Fellow leaves with tangible leadership, implementation and advocacy skills, and a network of partners spanning the rural health spectrum.

Final Note to Applicants

This Fellowship program is designed to grow future leaders who understand the realities of rural cardiovascular care. Each year offers new communities, new challenges and new lessons.

Applicants are not expected to have every detail of their project defined. What matters most is a clear commitment to improving care for people who have been historically overlooked.

Through this Fellowship, you will learn, lead and leave a mark that reaches far beyond any one rotation site.

Who do I contact with questions or technical issues?

For programmatic questions or application support, contact Akua G. Asare, MD at ***ruralcvfellowship@acc.org***.