

THAD & GERRY WAITES RURAL CARDIOVASCULAR RESEARCH FELLOWSHIP



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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
- Train and engage community health workers (CHWs)
- Conduct practical, policy-relevant research
- Present findings through ACC national channels

How many applications will be awarded the fellowship each year?

One 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?

- Observe and discuss clinical cases as they pertain to the rural cardiovascular health of the patient
- Design and implement community-based interventions, including health screenings, educational fairs, and CHW-led programs.
- 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 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.
- Coordinate logistics and timelines for multi-site rotations across Mississippi, West Virginia, Florida, and Washington.
- Maintain an active mentorship relationship with an ACC-assigned mentor throughout the fellowship year.
- Collaborate with local site mentors and institutions to complete onboarding and finalize contractual requirements.

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- 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 according to ACC policies.
- Support the training and supervision of community health workers at each rotation site.
- 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.

Part 2: Eligibility

Who is eligible to apply?

Applicants must:

- Be a current third or fourth-year cardiovascular fellows-in-training or within three 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 fellows who are in their third or fourth year may apply, and must demonstrate:

- Explicit protected research time
- Institutional support for balancing clinical training and research
- Mentorship and administrative infrastructure to support the fellowship

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 home program approves. Early-career cardiologists may also complete it as a focused fourth-year or post-fellowship experience.

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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 home institution. The ACC assists with temporary or reciprocal licensure for rotation sites through the Interstate Medical Licensure Compact when applicable. The home institution provides primary malpractice coverage; ACC carries supplemental coverage for away rotations.

Are there restrictions for visa holders?

Applicants on J-1 or H-1B visas are eligible if their home institution remains the visa sponsor. The ACC cannot issue or transfer visas but will coordinate all domestic travel consistent with institutional policy.

Part 3: Budget & Funding

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

The fellowship provides up to \$70,000 in funding and support paid directly to the fellow's institution over 12 months.

What financial responsibilities does the sponsoring institution have?

Any expenses incurred by the sponsoring institution exceeding the indirect cost allowance of (\$10,000), including additional overhead, administrative costs, professional liability insurance, healthcare 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 institution. Fellows do not prepare independent budgets.

How is funding distributed?

The ACC provides approximately \$80,000 per fellow per year:

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- \$70,000 in direct support for salary and educational activities
- 10% (\$7,000–\$8,000) in indirect costs to the home institution for administrative overhead

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 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	Home Institution Responsibilities
Funding	Provides \$70,000 direct + 10% indirect; covers all housing, travel, and program costs	Manages payroll, benefits, licensure, and malpractice
Rotations	Organizes and funds three immersive rotations (2–4 weeks each)	Maintains fellow appointment and academic oversight
Travel & Lodging	Fully funded and arranged by ACC	No financial responsibility
Malpractice	Provides supplemental coverage for away rotations	Maintains primary coverage
Program Oversight	Drs. Echols and Berlacher with site mentors	Local fellowship director and institutional mentor

Part 4: Rotations

Where will the inaugural fellow be placed, and what is the expected travel schedule?

Each year's fellow will have a unique set of placements to broaden the program's reach. Because only one fellow is appointed per year, rotations are completed individually with local mentors and community partners. Over time, this design exposes the collective fellowship to a wide range of rural, tribal, and regional healthcare systems.

For upcoming cohorts, planned immersion sites include:

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- Jackson and Hattiesburg, Mississippi
- Morgantown, West Virginia
- Seattle, Washington
- Gainesville, Florida

Each rotation lasts roughly 2-4 weeks, allowing hands-on experience in local health systems while maintaining a central research focus with the home institution.

How long are the rotations?

Each fellow completes up to three rotations, averaging 2-4 weeks each. The total immersion time is about 6-8 weeks, distributed throughout the year.

Will fellows travel to all four states?

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

What is the balance between time on site and at the home institution?

Fellows spend about two-thirds of the year at their home 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 overall fellowship 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 away rotations. Housing is arranged through hospital partners or extended-stay accommodations close to the training site.

How are travel and logistics managed?

The ACC covers all transportation between sites, including flights, ground travel, and local

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commuting needs. Fellows receive itineraries and on-site contact details before each rotation.

Home institutions are not responsible for rotation-related expenses.

How will housing, travel, and related logistics be managed for fellows?

All housing, travel, and related logistical arrangements for the fellowship will be coordinated by the American College of Cardiology (ACC). Fellows will receive detailed information about accommodations, transportation, and reimbursements prior to each site rotation.

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, telecardiology expansion, or CHW program development.

The project concept does not need to be fully defined at the time of application. During the fellowship year, mentors 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 access to national registries such as NCDR® when appropriate.

Can pediatric or preventive cardiology projects qualify?

Yes. The 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

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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)
- Institutional Letter of Commitment
- NIH-format Biographical sketch
- Two (2) Letters of Recommendation

When is the application due?

Portal opens: August 11, 2025

Deadline: Wednesday, October 22, 2025 (11:59 PM 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 Research Proposal
- Use of required datasets (NRD, NIS, ACS, and the Health Equity Heat Map)
- Integration of CFIR and RE-AIM Frameworks
- Candidate qualifications and commitment
- Institutional and mentor commitment

Are there restrictions on how the proposal can be developed?

Yes. Use of generative AI for writing proposals is prohibited. However, editing and refinement support is permitted. Strict formatting guidelines (margins, fonts, and page limits) must be followed.

What should the cover letter include?

The cover letter (1 page) should:

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- 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.

What should the Institutional 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 defined indirect cost allowance (\$10,000) provided by the Fellowship award.

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

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:

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- 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, 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 institution?

- Letter of institutional support confirming approval for the fellow's participation.
- Institutional agreement or MOU outlining responsibilities between ACC and the home institution.
- Verification of clinical credentials appropriate to the fellow's role.
- Proof of malpractice or liability insurance coverage, including COI if required.
- IRB reliance agreements or exemption confirmation for implementation research activities.

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- Documentation of human subjects' research training (e.g., CITI certification).
- Data use agreements (DUAs) for any shared or analyzed 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.

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
- 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 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 (ruralcvfellowship@acc.org)
Program Director, Health Equity, Diversity and Inclusion
American College of Cardiology Foundation