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**O-K Review Submittal Check-List**

Checklist for a **full review**:

1. Have all of the major, mandatory science sections been fully drafted?

**K Applications:**

* Candidate Background
* Career Goals and Objectives
* Aims
* Research Plan
* A list of mentors
* Applicant Biosketch
* Mentor Biosketch

**R Applications:**

* Aims
* Research Strategy
* Candidate Biosketch
1. If this is a K-series grant, have you already undergone at least one round of review and revisions with your mentors?
2. If this is an R-series grant, have you already undergone at least one round of review and revisions with your Co-Investigators?
3. Does your application meet NIH formatting requirements and page limits?

If you've answered "yes" to all of the above applicable questions, then your application is eligible for OK review. If you’ve answered “no” to any of the questions, you will only qualify for a **limited review**only.

If partial documents are submitted or the applicant is unable to attend the in-person review panel, there will be a **limited review** only.

**SD CFAR O-K Review Cover Sheet**

Please provide the following information for the application you would like to submit for the upcoming O-K Review. Please note this form is two pages.

|  |  |
| --- | --- |
| Your name: |  |
| Your email address: |  |
| Title of application: |  |
| Type of application (K, R, Other):*If Other, please link to online FOA. If no online link, please attach PDF of FOA with your Specific Aims submission. Please indicate due date for Other application types.* |  |
| Is this a new OK-Review submission or a resubmission?*Note: For NIH resubmissions, please include your NIH summary statement, your introduction as well as text marked with changes. If you did not submit to the NIH, but this is a resubmittal to the O-K Review, please mark changes you made to the text to address the feedback from the previous OK Review panel.*  |  |
| Which NIH institution? *If not applicable, enter “N/A.”* |  |
| General research area (please choose one):* *Basic/laboratory*
* *Clinical/translational*
* *Behavioral*
 |  |
| Statistics review requested? (yes/no) |  |
| Link to online RFA (copy/paste): |  |
| Mentor’s name: |  |
| Co-investigators on this application (list all): |  |
| Recommended reviewers for this draft: |  |

**Certifications**

***Applicant***

I certify that I will be present for the in-person review panel. I understand that if I cannot be present, I will only receive a limited, or rapid, review.

Applicant’s Signature Date

***Applicant’s Mentor (For K and F30 Applications)***

I certify that I have reviewed, or will commit to reviewing, the applicant’s specific aims and research strategy prior to submission to the O-K Review.

Mentor’s Signature Date