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**O-K Review Application Submission Checklist**

**Department of Medicine Applicants**

Checklist for a **full review**. Please submit as Word documents unless otherwise indicated\*.

**K Applications:**

Candidate background

Career goals and objectives

Aims

Research Plan

List of mentors

Applicant biosketch\*

Mentor biosketch\*

Proposal has undergone at least one round of review and revision with mentor

Proposal meets NIH formatting requirements and page limits

Application Submission Checklist with Certifications signed by applicant and mentor\*

**R Applications:**

Aims

Research Strategy

Candidate Biosketch\*

Proposal has undergone at least one round of review and revision with co-investigators

Proposal meets NIH formatting requirements and page limits

Application Submission Checklist with Certifications signed by applicant\*

If you have checked off all of the above applicable elements, your application is eligible for O-K review. If any items are missing or incomplete, you will 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.

It is important for SD CFAR and the Department of Medicine to know the outcome of investigator’s participation in the O-K Review process. It is a key indicator used to document value-added as well as to justify resources allocated to the O-K Review. If you have participated in the O-K Review in the past, you must have provided NIH funding outcome information for prior applications to the CFAR Administrative Core ([cfar@ucsd.edu](mailto:cfar@ucsd.edu)) or on the cover sheet checkbox below to be eligible to participate.

**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.

I understand that SD CFAR needs to know the outcome of my participation in the O-K Review. It is a key indicator used to document value-added as well as to justify resources allocated to the O-K Review. Therefore, I certify that I will report NIH funding outcome information to the SD CFAR Administrative Core ([cfar@ucsd.edu](mailto:cfar@ucsd.edu)) in a timely manner. I understand that failure to report this outcome may prohibit me from participating in future O-K Reviews.

Applicant’s Signature Date

***Applicant’s Mentor (For K and F 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