



DJO Cross Fellowship Award Athletic Training Residency Application, Guidelines and Instructions

Academic Years

2020-2021

2021-2022

Please complete a separate application for each grant request

**PLEASE NOTE: THE COMPLETION OR SUBMISSION OF THIS
APPLICATION IN NO WAY GUARANTEES FUNDING**

Submission Deadline - February 28, 2020

See page G1 for submission details

Questions?

Please Email: Crossfellowship@DJOglobal.com



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DJOCross Fellowship Award
Athletic Training Residency
Application, Guidelines and Instructions
for the 2020 Application Period
(funding for the 2020-2021 and 2021-2022 academic years)

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I. GENERAL INFORMATION

A submission that fails to meet the below application requirements may be disqualified. It is the applicant's sole responsibility to ensure the application is complete. Due to time constraints and application volume, DJO will be unable to notify the applicant of missing documentation that may lead to disqualification.

1. **Objective:** The objective of the DJO Cross Fellowship Award is to fund post-professional athletic training residency programs that offer structured curricula, including didactic and clinical components to educate U.S. athletic trainers. The majority of an athletic trainer's time must be spent in a physician's orthopedic practice involved in direct patient care. For an overview of this program, visit www.djoglobal.com/corporate-info/compliance/cross-fellowship-award.
2. **Eligibility:** Refer to page G2.
3. In the event the number of applicants exceed the amount of available funding, the eligible applicants will be selected through a randomized process.
4. Each institution granted a Cross Fellowship award will be required to sign an agreement which outlines the terms and conditions of the award and sets forth the payment schedule.
5. **Deadline for Application:** Applications must be received by DJO no later than February 28, 2020 to be eligible for consideration.
6. **Funding Period:** Two (2) academic years beginning August 2020 and expiring July 2022.
7. **Amount:** Grants of up to \$30,000 may be awarded. Each grant amount will be determined according to available funding. The grant is intended to partially cover the stipend for a resident and related direct costs. Grant funds may not be used for indirect costs.
8. **Items Required:**
 - a. Applicant must submit the **current version** of this application.
 - b. All information must be typed. Hand-written applications will not be accepted.
 - c. Original application (with signatures) must arrive at DJO by no later than February 28, 2020. **No exceptions will be granted.**
 - d. Completed W-9 (in the name of the payee).
 - e. Detailed budget outlining residency **DIRECT EXPENSES** only (grant funding must be used for direct costs only).
 - f. Residency program director curriculum vitae.
 - g. Completed Conflict of Interest Disclosure Form (see Section VII below) signed by the residency program director.
 - h. IRS Non-profit Status Determination Letter (PDF file is acceptable).
 - i. Program description: must include the program's mission, vision, core competencies, goals and a list of preceptors (MD and ATC) that support the program. Maximum of five (5) pages.
 - j. Program Curriculum: must describe clinical rotations, didactic opportunities and additional educational and training opportunities. Maximum of five (5) pages.
9. **Submission Instructions:** Submit completed application and all supporting documentation (excluding grant guidelines and instructions) to:
 - a. Via email: CrossFellowship@DJOGlobal.com
 - b. Via US Mail: DJO Global, LLC
1430 Decision Street
Vista, CA 92081
Attn: Cross Fellowship / Compliance Department



II. PROGRAM INFORMATION

1. Eligibility:

a. Institution's residency program must be for a minimum of twelve (12) months.

b. Institution's residency program director must be a certified athletic trainer AND, as applicable, must be credentialed in his/her state of practice.

c. Institution must be a nonprofit, charitable entity that offers a post-professional athletic training residency program with a structured curricula, including didactic and clinical components, to educate U.S. athletic trainers. The majority of an athletic trainer's time must be spent in a physician's orthopedic practice in direct patient care. A for-profit entity is not eligible unless affiliated with a nonprofit entity. DJO will make all grant payments to the nonprofit affiliate. The DJO Cross Fellowship program does not include funding for individual residents seeking support for their training; these grants are available only to institutions that provide post-professional training.

2. Funding Overlap:

If institution receives funding through the Cross Fellowship program, supplementary funding for the program may be obtained from another source provided that the total funding does not exceed the resident's entire direct costs. If funding is in excess of the resident's direct costs, the residency program director must notify DJO immediately and return the excess funding to DJO or the other funding organization. Written notification of the excess amount refunded and to whom the refund was issued must be promptly sent to CrossFellowship@DJOGlobal.com.

3. Application Procedure:

a. Complete and submit an application, including all required supporting documentation listed on page G1.

b. Submissions are accepted via email (CrossFellowship@DJOGlobal.com), or via US Mail to the address on page G1.

c. If submitting via US mail, the original application must be clipped, not stapled, single sided and single spaced.

4. Notification of Award:

a. DJO will notify each applicant, whether or not the applicant was granted a Cross Fellowship Award, via email to the residency program director no later than April 27, 2020. All notification e-mails will be sent to the address specified in item 4b of the application.

b. Please do not contact DJO prior to April 27, 2020 for the status of your application. Please check junk and spam folders before contacting DJO.

5. Physician Payments Sunshine Law:

In accordance with the Physician Payments Sunshine Law ("Sunshine Law"), DJO may be required to report to the Centers for Medicare and Medicaid Services (CMS), the value of the Cross Fellowship grant. The required information will be reported to the CMS under the institution's name, if the institution is a teaching hospital, as defined under the Sunshine Law. For more information about what must be reported and the Sunshine Law in general, please visit our website at <http://www.djoglobal.com/corporate-info/compliance/physician-sunshine>.



III. GUIDELINES

1. Cross Fellowship Award Policies:

DJO funding is limited to institutions that offer post-professional athletic training residency programs with structured curricula, including didactic and clinical components to educate U.S. athletic trainers. The majority of an athletic trainer's time must be spent in a physician's orthopedic practice in direct patient care.

2. Fiscal Policies:

a. A residency grant must be used within the year for which it is awarded. Example: \$15,000 may be granted for the 2020-2021 academic year and \$15,000 for the 2021-2022 academic year. The \$15,000 awarded for the 2020-2021 academic year MUST be used within the 2020-2021 academic year; funds are NOT eligible for roll-over to the 2021-22 academic year.

b. Provided that all contractual requirements are met by the Institution, grant payments will be issued by DJO in eight (8) equally divided installments in accordance with the following payment schedule:

2020	2021	2022
Installment #1: August	Installment #3: February	Installment #7: February
Installment #2: November	Installment #4: July	Installment #8: July
	Installment #5: September	
	Installment #6: November	

c. If institution receives an award from DJO for a residency program, supplementary funding for the program may be obtained from another source provided that the total funding does not exceed the resident's entire direct costs. If funding is in excess of the resident's direct costs, the residency program director must notify DJO immediately and return the excess funding to DJO or the other funding organization. Written notification of the excess amount refunded, and to whom the refund was issued, must be promptly sent to CrossFellowship@DJOGlobal.com.

d. Any grant balance of \$100 or more not expended by the end of the academic year for which it was awarded must be refunded to DJO within sixty (60) days of the end of such academic year. Funds intended for the 2020-2021 academic year may not be used for expenses for the 2021-2022 academic year. All expenses and grant fund "true-ups" must be completed within each academic year.

e. Separate accounts must be maintained for each residency grant. These accounts, with substantiating invoices and payrolls, must be available at all times for DJO's review.

f. A grant recipient may terminate a grant prior to the expiration date by notifying DJO in writing and stating the reasons for the early termination. All unexpended funds must be returned to DJO within sixty (60) days of the date of termination, with a final report of expenditures. DJO reserves the right to terminate grants at any time upon written notice to the institution.

3. Publication:

a. DJO encourages free publication of research findings by residents but requires that the following acknowledgement be used as a footnote on the first page of the text: AIDED BY A GRANT FROM DJO GLOBAL, INC.

b. When a resident presents a paper at a professional scientific meeting, the above credit line must also be included.



IV. INSTRUCTIONS

1. **Table of Contents.** When you have completed your application, please complete a table of contents by sequentially numbering the pages on the bottom right of each page. **Please DO NOT submit the cover page, general information, program information, guidelines, or instruction pages of this document with your application.**
2. **Items 1-6.** Include all information requested in the application form for items 1-6.
3. **Item 7. Residency Program Information/Overview.** Provide all of the information requested for item 7 in the application form and submit a description of the program and the program's curriculum. See page G1 for content requirements.
4. **Item 8 and Detailed Budget Information.**
 - a. Provide all information requested in the application form for item 8.
 - b. Provide a detailed budget of direct expenses on pages A-4 and A-5. Allowable expenses are the resident's stipend and benefits, research expenses, educational expenses (travel and registration fees to nationally recognized meetings/courses; books), licenses, malpractice insurance, etc.
 - c. Provide justification for each budget category.
 - d. Applicant may not use Cross Fellowship funds for indirect costs.
5. **Other Requirements.**
 - a. All signatures must be present as requested. No "Per" signatures accepted.
 - b. Provide proof of qualification as a nonprofit, charitable entity by attaching a copy of the IRS nonprofit Status Determination letter. If a for-profit entity, attach copy of letter of affiliated nonprofit entity.
 - c. Completed W-9.
 - d. Detailed budget on pages A-4 and A-5.
 - e. Residency program director curriculum vitae.
 - f. Completed/signed Conflict of Interest Disclosure Form on page A-6.
 - g. Program Description - must include program's mission, vision, core competencies, goals and a list of preceptors (MD and ATC) that support the program. Maximum of five (5) pages.
 - h. Program Curriculum - must describe the clinical rotations, didactic opportunities and additional educational and training opportunities. Maximum of five (5) pages.
6. **Correspondence.**

All correspondence should be directed to:

DJO Global, Inc.
1430 Decision Street
Vista, CA 92081
Attn: Cross Fellowship Award/ Compliance Department
Or
Via email to CrossFellowship@DJOGlobal.com



V. Application



DJO Cross Fellowship Award Application ATC Residency Program 2020-2021 and 2021-2022 Academic Years

To avoid delays please ensure all printed information is legible and the application is completed in its entirety.

1. ELIGIBILITY INFORMATION

- 1a. Is this residency program a minimum of twelve (12) months? Yes No
- 1b. Is the residency program a formal education program offering structured didactic and clinical curricula? Yes No
- 1c. Is the residency program director a certified athletic trainer? Yes No
- 1d. Is the residency program director credentialed in his/her state of practice (if applicable)? Yes No N/A
- If the answer is NO to any of the above questions, please STOP here. **Program is not eligible for funding.**

2. APPLICANT INSTITUTION INFORMATION

- 2a. Institution Name _____ 2b. Federal Tax ID _____
- 2c. Institution Mailing Address _____
- 2d. Is the Applicant Institution a nonprofit entity? If Applicant Institution is not a nonprofit entity or is not affiliated with a nonprofit Entity, please STOP here. **Program is not eligible for funding.**
 Yes No
- 2e. If NO, provide name of the affiliated nonprofit entity _____
- 2f. Mailing address _____
- 2g. Contact Name _____ 2h. Contact Email _____

3. PAYEE INFORMATION

Payments MUST be made payable, and mailed to, the entity on the submitted W-9. There are NO exceptions to this.

4. RESIDENCY PROGRAM DIRECTOR INFORMATION

- 4a. Name (include title) _____ 4b. Email Address _____
- 4c. Mailing Address _____ 4d. Telephone Number _____

5. CORRESPONDENCE CONTACT

This is the person DJO should e-mail regarding the grant contracting and invoicing process. It is important to name a person who is responsive to e-mails.

- 5a. Name (include title) _____ 5b. Email _____
- 5c. Mailing Address _____ 5d. Telephone Number _____



Institution Name _____

6. FINANCIAL OFFICER INFORMATION

6a. Name (include title) _____ 6b. Email _____

6d. Telephone Number _____

6c. Mailing Address _____

7. RESIDENCY PROGRAM INFORMATION/OVERVIEW

Residency grants may be awarded up to \$30,000. Funding will be awarded to eligible institutions. Individual residents may not apply.

ATTACH A COPY OF THE PROGRAM'S CURRICULUM AND PROGRAM'S DESCRIPTION

7a. Is this program currently Commission on Accreditation of Athletic Training Education ("CAATE") accredited? Yes No

7b. If YES, please list year accredited and current status: _____

7c. If NO, has the institution applied for CAATE accreditation or is it planning to apply? Yes No

7d. Year the residency program was established _____

7e. Number of residents trained per program term. _____

7f. What is the term (length of time) of the program? _____

7g. How many years of experience does the residency program director have in the physician practice setting? Please round to the nearest year. _____

7h. How many different clinical rotations will the resident complete during the program? _____

7i. How many ATCs serve as preceptors to support the program? _____

7j. Within the program, will the resident spend 80% or more of his/her time in a physician's orthopaedic practice in direct patient care? Yes No

7k. Does the institution have an ACGME accredited fellowship or residency program? Yes No

7l. Will the resident spend a minimum of 20% of his/her time working one-on-one with the preceptors? Yes No

7m. How many physicians support the program? _____

Remainder of page intentionally left blank



Institution Name _____

8. BUDGET INFORMATION

In addition to completing the information below, provide a DETAILED BUDGET of all direct expenses using pages A-4 and A-5.

8a. Have you applied for funding for this program from other funding sources? Yes No

8b. If YES, please describe source _____

8c. If YES, have you received the funding for this program? Yes No

8d. If YES, please describe the amount of funding received _____

Grant funds may be used for direct residency expenses only: specifically, the resident's salary and benefits, research expenses, educational expenses, licenses, malpractice insurance, etc. This grant may NOT be used for indirect costs.

9. APPLICATION SUPPORTING DOCUMENTATION

In addition to the completed application the following documentation must be included with your submission:

- Program Description - see Section I. General Information for content requirements (page G1)
- Program Curriculum - see Section I. General Information for content requirements (page G1)
- Completed W-9
- IRS Tax-Exemption Determination Letter (of nonprofit)
- Detailed Budget outlining residency DIRECT EXPENSES only (grant funding must be used for direct costs only)
- Residency Program Director Curriculum Vitae
- Completed Conflict of Interest Disclosure Form

Failure to complete this application in full or the failure to provide any of the required supporting documentation may disqualify the applicant from consideration for funding.

10. APPLICANT CERTIFICATION, ACCEPTANCE AND USE OF GRANT FUNDS

I certify, on behalf of the applicant, that the statements herein are true, complete and accurate to the best of my knowledge and accept the obligation to comply with DJO's terms and conditions if a grant is awarded as a result of this application.

DJO will not make any educational grant that implicitly or explicitly rewards a customer for past or future purchases, uses, orders or recommendations of DJO products.

DJO provides all grants and follows disclosure requirements in accordance with applicable state and federal laws and regulations.

PLEASE NOTE: THE COMPLETION OR SUBMISSION OF THIS APPLICATION IN NO WAY GUARANTEES FUNDING

In ink. "Per" signatures not acceptable below.

Signature of Residency Program Director named in #4 _____ Date _____

DJO USE ONLY

Date application received _____ Was submission received complete? Yes No

Verification completed by (print and sign name): _____ Date _____



**VI. DETAILED BUDGET INFORMATION
for the
DJO Cross Fellowship Award**

Institution Name _____

Detailed Budget. Grant funds may only be used for direct resident training expenses: specifically, the resident's salary and benefits, research expenses, educational expenses, licenses, etc. The grant may not be used for indirect costs.

Please provide justification for each budget category. Use continuation pages as needed. Grant funds may not be used for indirect costs.

Personnel expenses
(salary and fringe benefits)
Grant is intended to fund salary and benefits first.

Research Expenses

Educational Expenses - Please list
(travel and registration fees to nationally recognized meeting/courses, books)

<u>Expense Type</u>	<u>Description</u>	<u>Amount</u>
_____	If OTHER, please describe _____	_____
_____	If OTHER, please describe _____	_____
_____	If OTHER, please describe _____	_____
_____	If OTHER, please describe _____	_____
_____	If OTHER, please describe _____	_____

**Other Expenses - Please list
(license, etc.)**

<u>Expense Type and Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL RESIDENT BUDGET _____

Total actual cost of training this resident if not included above _____



**Budget Continuation Page for the
DJO Cross Fellowship Award**

Institution Name _____ Federal Tax ID # _____



**VII. Conflict of Interest Disclosure Form for Applicants
for the
DJO Cross Fellowship Award**

Institution Name _____

THE COMPLETION OR SUBMISSION OF THIS DISCLOSURE IN NO WAY GUARANTEES FUNDING

To help ensure the independence of the decisions made by DJO and its relevant committees in connection with the awarding of grants to support research and education in orthopaedics, the applicant ("Applicant") must submit to DJO this Conflict of Interest Disclosure Form.

DISCLOSURE

1. Please indicate whether, to the best of your knowledge, the Applicant has a financial or any other relationship with DJO (or any affiliate or subsidiary) or any member of DJO's Sales or Marketing management team (other than as a customer of DJO). A financial or other relationship may arise based upon payments for, including without limitation, services rendered (consulting), honoraria, other fees, or any other benefit provided by DJO to applicant or applicant's representative in the past twelve months.

Name of Applicant Representative (include title)	Type of Relationship (e.g., consulting, honoraria)	Amount	Member of Program Faculty? (Y/N)

2. Please indicate whether, to the best of your knowledge, DJO or DJO representative, will receive a direct financial benefit from the approval of the application under review.

Name of DJO Representative	Describe Potential Benefit Received From Application Approval

In the event that there is a financial relationship between DJO or a DJO representative and Applicant that is not addressed here please check this box and provide all details (name, type of financial relationship, compensation or other amount) on additional pages.

Certification

I hereby certify, on behalf of the Applicant, that this Conflict of Interest Disclosure Form ("FORM") accurately sets forth all of the known relationships between the Applicant and DJO and/or any DJO representative and that I have completed this Form fully and accurately in all respects.

CONFLICT OF INTEREST SIGNATURE (must be signed by Residency Program Director)

Signature _____ Date _____

Title _____

Printed Name _____