Instructions – FY2018 Assembly/Committee Projects

NEW - APPLICATION

The following instructions have been designed to assist you in completing the FY2018 Assembly/Committee Project Application.

Below are detailed instructions for each section of the FY2018 Assembly/Committee Project application. Please be sure to read them carefully and have them available as you work on your application. If you have any questions or encounter any technical problems, please contact Miriam Rodriguez at: mrodriguez@thoracic.org or at 212-315-8639. Applications must be submitted electronically. The deadline for submissions is **July 31, 2017 at 11pm Eastern Standard Time. Late submissions will not be accepted.** All Applications must be submitted electronically via the ATS website.

The instructions have been designed to correspond with the sections in the application. To review a detailed explanation for section ONE in the application you will review section ONE in the instructions.

Some fields in the beginning of the application are self-explanatory and will not need clarification, in those cases you will see the corresponding field with only the name of the field listed.

The FY2018 Assembly/Committee project application will be web based. You can access the application and instructions on the ATS website under Assemblies at: www.thoracic.org. You will need your **ATS Username and Password** to begin an application.

Forgot your ATS user name and password
ATS members can go also recover their forgotten ATS user name and password at: http://www.thoracic.org/form/application/assembly-project.php by clicking on:

- Forgot Your Username/Password?

Your login information is as follows:
Username – eight digit ID number (example: 00000001)
Password – uppercase/capital letters and observing these rules:

- If your last name is six or more characters, enter it as usual (example: "Davidson" – Password: DAVIDSON)
- If your last name is fewer than six characters, add "1905" (example: "Yu" – Password: YU1905)
- Replace each apostrophe, hyphen and/or space with an underscore (example: "O'Malley Webber" – Password: O_MALLEY_WEBBER)

If you are still experiencing problems, please contact our Membership & Subscriptions Dept at membership@thoracic.org.

If you are **not** an ATS member, but wish to submit an application you must create a non-member account to generate a Password. You can do so anytime by going to: http://www.thoracic.org/go/myaccount once created, it will take 1hr to update in the ATS Database and take effect.

To begin an Assembly/Committee Project Application please go to: http://www.thoracic.org/form/application/assembly-project.php you will then need to login using your ATS User Name and Password

Once logged into the Project Application webpage you will see the screen below. You will then select an application to begin

Assembly Project Form

- FY2017 New Project Application
- FY2017 Renewal Assembly/Committee Project Application
- FY2017 New Assembly/Committee Project Application - Leadership
- New FY2017 Joint ATS/ERS Assembly/Committee Project Application

- **NEW FY2018 Assembly/Committee Project Application** - Are New Projects that require funding and approval for the first time
- **RENEWAL FY2018 Assembly/Committee Project Application** - Are for those projects that were approved by the Program Review Subcommittee and the ATS Board of Directors for the FY2016 Funding Cycle.
- **NEW FY2018 Joint ATS/ERS Project Application –** Applications are only for joint projects between the two societies. Applications will be submitted to both societies for review.

Once you have selected the application type you may begin to work on the application. The web based application will allow you to work on the application as your schedule permits

as long as you have saved your work by clicking on the "**Save**" button at the end of the application.

When you have finished working on the application for the day you will need to save your work before exiting the web based application. When you click on the save button the following menu will appear the next time you login to continue your work.

<div align="center">

New 2018 Assembly/Committee Project Application
[view] [pdf] [edit] [delete]

</div>

To continue working on the application click on link in the menu above titled "edit." Once you have completed the application and you are ready to submit please review the application to ensure that all the information on the form is correct. You may then click the "submit" button. Once you have submitted the application, the web based system will then generate a confirmation that you will receive via email.

After Submitting the application you will no longer be able to make changes until the revision period opens on August 26th. Once submitted you will see the following menu when you log in again.

<div align="center">

New 2018 Assembly/Committee Project Application
[view] [pdf]

</div>

When the revision period opens you will see the [edit] field on the menu above.

If further explanation is needed please contact Miriam Rodriguez, Senior Director, Assembly Programs and Program Review Subcommittee, via email at: mrodriguez@thoracic.org or via telephone at: 212-315-8639

Section I General Project Information

1. **Project Title** – Insert title of project not the assembly, committee or group

2. **Primary Assembly** – Select the name of the Assembly through which the proposed

   project is being submitted.

3. **Secondary Assembly** – Select up to a maximum of two other Assemblies that will be collaborating on this project. Enter only the assemblies in which you have spoken to the Assembly Planning Committee Chair and have agreed that this will be a joint collaboration. ATS encourages collaboration among assemblies *(all assemblies listed will review the Project Application and will send feedback to the project Investigator for final submission)*

4. **ATS Sections –** Select Section if any collaborating on project

5. **Committee** – Select the name of the ATS Committee from which the project application will be submitted. Please keep in mind that the project will be reviewed by an assembly who is closely related to the field of work that is being proposed. Please choose NA if a committee is not submitting the application.

6. **What official ATS document will be developed as part of this project?** Please enter document classification, below is a summary of the ATS Official Document types. Please note the following: All products or works, whether in writing or in another form, that are created partly or completely with the assistance of funding provided by the American Thoracic Society will be the intellectual property of the ATS exclusively, unless otherwise stipulated in writing by the ATS. The disposition of these products or works will be at the sole discretion of the ATS. Recipients agree, as a condition of receipt of ATS funding, that ATS owns the copyright and all other rights to these products or works.

   Official ATS documents include:

Statements
There are two types of ATS statements, policy statements and research statements:

•**Policy statements** present ATS positions on issues that pertain to bioethics, public health policy, health care financing and delivery, medical education, and governmental policy. As an example, see "An Official ATS Policy Statement: Pay-for-Performance in Pulmonary, Critical Care, and Sleep Medicine Am J RespirCrit Care Med 2010; 181:752761."

•**Research statements** present ATS positions on issues that pertain to governmental funding of research, future research needs and initiatives, and other issues that promote or hinder pulmonary, critical care, and sleep research. As an example, see " Multi-society Task Force for Critical Care Research: Key Issues and Recommendations. Am J RespirCrit Care Med 2012; 185:96–102."

Statements may make recommendations for policy and research; however, they may not make recommendations for patient care. They should be submitted within one year of the project start date. An Executive Summary is published in the American Journal of Respiratory and Critical Care Medicine (maximum of 3,500 words) and the full document is published online only (maximum of 10,000 words). Alternatively, the full document may be published in the American Journal of Respiratory and Critical Care Medicine if it is less than 3,500 words. The word limits are strictly enforced.

Workshop Report
Workshop reports are summaries of conferences and workshops that were sponsored by the ATS. While most of the content in the report should derive from the conference or workshop, additional discussions and further development of ideas following the conference or workshop are acceptable. As an example, see "An Official American Thoracic Society Workshop Report: Climate Change and Human Health. Proc Am Thorac Soc 2012; 9:3-8."

Workshop reports may not make recommendations for patient care. They should be submitted within one year of the project start date. Workshop reports are published in the

online-only journal, Annals of the American Thoracic Society (maximum of 4,500 words). The word limit is strictly enforced.

Technical Statements

Technical statements describe how to perform a test or procedure. They do not compare tests or procedures, nor do they identify populations to which a test or procedure should be applied. Technical statements should be based upon evidence, but they do not require a full or pragmatic systematic review of the literature.

Technical statements may not make recommendations for patient care (other than standards for how to perform the test). They should be submitted within one year of the project start date. An Executive Summary is published in the American Journal of Respiratory and Critical Care Medicine (maximum of 4,000 words) and the full document is published online only (maximum of 10,000 words). Alternatively, the full document may be published in the American Journal of Respiratory and Critical Care Medicine if it is less than 4,000 words. The word limits are strictly enforce

Clinical Practice Guidelines

Clinical practice guidelines make diagnostic and treatment recommendations that assist physicians, other healthcare practitioners, and patients to make decisions about the appropriate course of action in specific clinical situations. They are developed by a multidisciplinary committee, which must include individuals with prior experience in the development of guidelines, systematic reviews, and/or a GRADE-based project. As examples, see "An Official ATS/ERS/JRS/ALAT Statement: Idiopathic Pulmonary Fibrosis: Evidence-based Guidelines for Diagnosis and Management. Am J RespirCrit Care Med 2011; 183:788-824" and "An Official American Thoracic Society/Society of Thoracic Radiology Clinical Practice Guideline: Evaluation of Suspected Pulmonary Embolism in Pregnancy. Am J RespirCrit Care Med 2011; 184:1200-1208."

Guidelines are expected to be submitted within two years of the project start date. The first year is dedicated to 1) formulating clinical questions using the patient, intervention, comparator, outcome (PICO) format, 2) searching the literature, 3) selecting relevant studies, and 4) appraising and summarizing the evidence using the GRADE approach. The second year focuses on developing and grading recommendations using the GRADE approach, as well as writing the guidelines. Sufficient progress must be demonstrated during the first year for consideration for a second year of funding.

An Executive Summary is published in the American Journal of Respiratory and Critical Care Medicine (maximum of 4,500 words) and the full document is published online only (maximum of 10,000 words). Alternatively, the full document may be published in the American Journal of Respiratory and Critical Care Medicine if it is less than 4,500 words. The word limits are strictly enforced. Guidelines should be routinely assessed for currency and updated at least every 3 years.

For more information and a complete guidelines packet go to:
http://www.thoracic.org/statements/document-development/

Section II Project Description

Project Description – Provide a detailed description of the proposed project the detail should include the following components:

a. **Statement of the problem If this is a project that aims at developing an official ATS document*, please include the following in your Statement of the problem:**
- The relevance of the health problem or intervention (e.g. clinical or public health impact, evolving nature, adequacy of reliable data)

- The type of document you plan to develop, for example, a Policy statement, clinical practice guidelines, or a workshop report. (For additional information about ATS guidelines, including the GRADE methodology and ATS policy guidelines for development of official documents, go to the documents area of the website at: http://www.thoracic.org/statements/document-development/

b. **What specific questions are to be addressed? (for Clinical Practice Guidelines only)**
Applicants should list all questions relevant to daily clinical practice that are to be covered by the guideline. Questions should be as specific as possible about the patients/populations to be included or excluded, types of diagnostic or therapeutic interventions to be considered or left out. Questions should be structured in PICO format, specifying the target patient population (P), the intervention or exposure (I), comparators (C), and outcomes of interest (O). While it is expected that the initial set of questions will undergo revision and refinement, applicants are encouraged to be as specific as possible about each one of the PICO elements.

c. **Other non-ATS activities in this area** are you aware of any other projects that pertain to your proposal submission topic. If yes, how is your proposal different?

d. **Rational for ATS Involvement** Describe the impact of the problem on ATS members.

e. **Describe the methodology that will be used for more on Grade go to:**
The methodology you plan to use to search the literature, grade the evidence, and formulate recommendations. (For additional information about ATS guidelines, including the GRADE methodology and ATS policy guidelines for development of official documents, go to the documents area of the website at: http://www.thoracic.org/statements/document-development/

f. **Who will perform the systematic reviews? (for Clinical Practice Guidelines Only)**

We encourage project teams to identify and make use of recently published, high quality systematic reviews performed by others. However, it is required that one or more members of the team have first-hand experience performing (and publishing) systematic reviews. Applicants are encouraged to recruit qualified individuals with adequate time to help perform systematic reviews. These may include junior members.

g. **Health Equality** Is the project topic relevant to health equality? If so, how do you plan to incorporate health equality into your project?

h. **Confirm that you have completed the module A for all document developers or module B for document developers of a Clinical Practice Guideline**

All applicants who have or will have an official document as part of their Assembly/Committee project must:
- Complete either module A or B. A set of educational vignettes on document development have been created and are available on the ATS website at: http://www.thoracic.org/statements/document-development/ . All document developers will need to review and complete these vignettes prior to submission of a new or renewal project proposal.
- Obtain Documents Development and Implementation Committee (DDIC) approval IF your document is NOT a Clinical Practice Guideline and you plan to include 1 or more RECOMMENDATIONS FOR PATIENT CARE (diagnosis and/or treatment).

Official documents are those that stem from projects supported, in their entirety or in part, by the ATS through the Assembly/Committee Project Application process. All projects supported by the ATS whose outcome includes an official document must

- Contact the ATS Documents Committee Chair, Raed A. Dweik, MD or Chief, Documents & Patient Education, Kevin Wilson, MD to review and plan for an appropriate document type and project methodology

- Work with one member of the ATS Documents Development & Implementation Committee that will be assigned as a liaison to each approved ad-hoc working group. Instructions related to this will be included with project approval notification.

- Work with designated ATS staff to plan and implement the project

- Follow the ATS guidelines for development of official documents,

- Submit final draft via ScholarOne (official documents site: http://mc.manuscriptcentral.com/atsdocs) for official documents peer review

- Sign a memo or understanding (MOU) that outlines the key components of the project (joint projects only)

- Develop draft derivative elements: a) key points for patients and b) key clinical indicators, for all clinically oriented documents.

Common categories of Patient Education activities include: Assembly/Committee project applicants are asked to consider adding an educational component (nursing education or patient education) to their projects to further enhance their educational potential

Print or web-based materials may be designed for the patient/lay audience that addresses important topics and key concepts in pulmonary or critical care medicine. Examples include companion material to an official ATS document that address diseases, procedures, or issues not adequately addressed in the current lay literature, materials for low-literacy audiences, or materials for non-English speaking audiences. Recommended reading level for patient education materials is 5-8th grade or 3-4th grade for low literacy materials. Standard Guidelines for creating ATS format fact sheets are available

For specific examples of Patient Education pieces please visit the patient education section of the ATS Website at http://www.thoracic.org/patients/patient-resources/ for questions related to patient education materials, please contact Judy Corn at jcorn@thoracic.org

i. **Will this project include an Educational Component that will allow ATS to grant Continuing Medical Education Credits (CME) Assembly/Committee project applicants are asked to consider adding an educational component when appropriate to further enhance their educational potential.** Your application must include the following:

Educational Design –

➢ **LEARNING OBJECTIVES -** Please indicate the Learning Objectives for the Overall Activity.

➢ **NEEDS ASSESSMENT -** ACCME prefers a variety of sources for developing the formal Needs Assessment for a program. Below are some examples:

- Previous Participant Evaluations
- Peer Review
- Survey of Target Audience
- Self-Assessment Tests
- Planning Committee or Board Recommendation
- Advice from Authorities in the Field
- New Medical Findings/Techniques

- Review of Current Literature

➢ **TARGET AUDIENCE -** Please list anticipated audience by specialty. Below are some examples

Physicians
- Pulmonology
- Critical Care
- Pediatric Pulmonology
- Allergy/Immunology
- Internal Medicine
- Family Practice

Other Healthcare Providers
- Physician Assistants
- Nurse Practitioners
- Registered Nurses
- Sleep Technologists
- Respiratory Therapists
- Pharmacists

➢ **DISTRIBUTION MECHANISIM –** Please describe how you will disseminate your product to the target audience.

➢ **EVALUATION METHODS -** Please indicate how your activity will be evaluated. At a minimum, it must review each presentation on achievement of learning objectives. Post-Event evaluation of impact on practice (six months to one year after CME event) is increasingly recommended where appropriate. Below are some examples of evaluation methods.

Evaluation Tools Used:

- Basic Program Evaluation
- Pre- and Post-Test for Attendees
- Simulation
- Survey of Patients
- Case Vignettes

Regional or National Data from agencies, foundations or universities on disease prevalence, guideline adherence or practice variation

➢ **DISSEMINATION -** Common categories of Continuing Medical Education (CME) activities include:
  - **Live events** - national or regional courses or conferences; these can be sponsored by the ATS or jointly sponsored *(subject to ATS approval)* by the ATS along with another national organization (such as another

specialty society and/or a public interest organization) or regional organization (such as an ATS chapter)

- **Enduring materials -** printed, recorded or computer assisted instructional materials which may be used over time at various locations and which in themselves constitute a planned CME activity. Examples include web-based CME, monographs or newsletters, CD- ROMS, audiotapes, videotapes, or slide sets

Please note that all ATS continuing medical education activities, including those for which CME credit is desired must conform to standards of the Accreditation Council for Continuing Medical Education (ACCME) and the American Medical Association, and be designated for CME by the ATS Education Programs Unit.

*For additional information about this process, see the ATS website http://www.thoracic.org/members/chapters/cme-sponsorship/ to obtain the Application for ATS Initiated Events or if you have any questions related to the CME process, please consult Eileen Larsson, ATS Chief Programs Officer at elarsson@thoracic.org.

Section III: Proposed Participants

Proposed Participants - Involvement of proposed members of the ad-hoc committee will be pending completion of Conflict of Interest forms and, if necessary, resolution of all Conflicts of Interest. Proposed members will need to submit disclosures only when the project is approved in concept. (Projects may not commence until January 2018, Pending final approval by the ATS Board of Directors in December 2017) Please include:

- Names of participants for the project committee
- Institution Affiliation
- Role on Project Committee & Area of expertise below are a few examples:

➢ **Project Chair –** Proven reputation as a clinician, scientist or as a methodologist in the topic area, ability to organize and work well with a group, track record of delivering quality products in a timely fashion.

➢ **Members** – Clinical, methodological &/or scientific expertise in the topic area (specific or general), diversity in geographic location, gender, as well as writing skills and ability to work as a member of a team)

- Area of Expertise
- e-mail Address – Project member e-mail address
- Airfare – if you are having a live meeting and are asking that ATS cover airfare for this participant please check the box that applies in the project participant list in section 3. You will also need to budget for this expense in the budget section of this application. Please note that only project

committee members who do not typically attend the ATS International Conference qualify for airfare.

- Per Diem – If you are having a live meeting and your committee members will need to be reimbursed for expenses please check yes in the project participant list in section III. You will also need to budget for this expense in the budget section of this application. Please note that all meetings held before the conference (Fri & Sat) all committee members will require per diem. Per diem covers hotel, meals and other expenses.

Section IV: Timetable

A. Tentative timetable for project completion - Please refer to ATS Document Guidelines for development process of ATS official Documents. List each function separately. Functions may include:

- Conference calls
- Meetings - Please note that all full day, "face to face" committee meetings or workshops **MUST** be held in conjunction with the ATS International Conference. Options for full day meetings are Friday or Saturday immediately prior to the Conference.
- Draft of Document
- Preparation of products
- Reviews, etc.

B. Expected Project Completion Date

C. Please Complete a tentative agenda for your proposed workshop. This will show reviewers that you have thought about how the workshop would look and the topics to be discussed.

Section V Project Outcomes

Other Project Outcome: Other printed materials that will be developed as part of this project: Please note the following: All products or works, whether in writing or in another form, that are created partly or completely with the assistance of funding provided by the American Thoracic Society will be the intellectual property of the ATS exclusively, unless otherwise stipulated in writing by the ATS. The disposition of these products or works will be at the sole discretion of the ATS. Recipients agree, as a condition of receipt of ATS funding, that ATS owns the copyright and all other rights to these products or works.

For Document definitions please go to page 4 of the 2017 Guidelines for ATS Documents on the ATS Website at:
http://www.thoracic.org/statements/document-development/

- Shirt Pocket Distillations

- AJRCCM Patient Information Series Fact Sheet
- Web Only Fact Sheet
- Guides for Target Audiences

For other Project definitions
- Webcasts please go to: http://store.thoracic.org/
- Registries
- Conferences
- PDA
- CME Monographs
- Web Based tool kit
- Specialized area of the ATS website

Section VI Budgets

Detailed ATS Budget for FY2018–Enter all expected Project expenses for year FY2018.

Budget Justification – Please Note: that the following fields in the Budget will need Justification. Please complete Budget Justification areas if applicable. Please be sure to include a detailed explanation if you are completing:

Outside Meeting 1 (Must provide Justification)
Outside Meeting 2 (Must provide Justification)
Other 1 (Must provide Justification)
Other 2 (Must provide Justification)

Budget Parameters:

1. **MEETING EXPENSES -** Limited travel funds are available. When possible, conference calls must be used instead of a face to face meeting. Justification for a face to face meeting outside of the international Conference should be included in your budget under "Outside Meeting". Outside meetings must be justified in detail.

2. **FULL DAY MEETING -** All full day, "face to face" committee meetings or workshops **MUST** be held in conjunction with the ATS International Conference. Options for a full day meetings are Friday or Saturday immediately prior to the Conference. If you are requesting a full day meeting or workshop you must budget **Per Diem ($425.00)** for each committee member planning to attend whether they are an ATS member or not. You may budget **Per Diem (hotel, transportation and meals)** for a maximum of 2 days per person **for each committee member** planning to attend the committee meeting.

3. **FULL DAY MEETING TRAVEL (AIRFARE)-** Project travel funds for a face to face committee meeting at the ATS International Conference may **NOT** be used to travel any individual **(ATS member or non-member)** who plans to attend

the ATS International Conference. The Travel budget is meant to Travel only members of the committee, who do not typically attend the ATS International Conference.

Applicants may budget full travel expenses for committee members **<u>NOT</u>** planning to attend the ATS International Conference.
- Round Trip Coach Airfare-Domestic - **$575.00** Per Person
- Round Trip Coach Airfare-International - **$2000** per person

4. **Breakfast Meeting** – Project Committees may choose to meet at the ATS International Conference. The meeting must be held prior to the start of all International Conference Sessions. These meeting may be held on Sunday, Monday or Wednesday from 6:30AM-8:00AM.
  - Please add **$75.00** per person

5. **Lunch Meeting** - Project Committees may choose to meet at the ATS International Conference. The meeting must be held prior to the start of all International Conference Sessions. These meeting may be held on Sunday, Monday or Wednesday from 11:45 Noon-1:15 PM.
  - Please add **$75.00** per person

Please note that for joint projects with other societies (e.g. ATS/ERS), the above policy applies to travel to committee meetings held in conjunction with a conference of the partner society. EXCEPTIONS MAY BE MADE UNDER UNUSUAL CIRCUMSTANCES, MUST BE SUBMITTED TO Miriam Rodriguez AT THE TIME OF PROJECT APPLICATION SUBMISSION AND ARE SUBJECT TO APPROVAL BY PRS.

6. Conference Calls – When possible, conference calls must be used instead of a face to face meeting. Please use the following formula when budgeting for conference calls:
  - # of people x # minutes x 0.10=
  - **10** Committee members x **60** minutes per call x **2** conference calls x **.10= $120.00**

Publication Charges - must be included in the application for any products that will be published as a result of the project (e.g. Official ATS documents). Approval of publication charges does NOT ensure approval of the project product. All products resulting from the project are subject to review and approval in accordance with the ATS Guidelines on Guidelines. Failure to follow these instructions may result in termination of the project.

  a. **Document Publication Charges - $475.00** Per Page
  - Research or Policy Statement - **8 Pages Max**
  - Workshop Report - **8 Pages Max**

- Systematic Review - **8 Pages Max**
- Technical Standards - **8 Pages Max**
- Clinical Practice Guidelines - **15 Pages Max**

b. **Patient Information Series Pieces** - graphic design, medical writing/editing, and publication
- of 2 page piece **$1300**
- 2 page piece web only **- $1000**

c. **Medical Librarian** – You may use a medical librarian to assist in literature searches to achieve an evidence based result. If PRS approves this budget item, a quote must first be submitted and approved by the ATS before services are rendered – Up to $5,000

Section VII

Collaboration: There will be opportunities for other organizations to co-sponsor the document. The ATS prefers that the project not be discussed with potential co-sponsoring organizations until the project has been approved because premature discussions may jeopardize a final agreement. All negotiations for collaboration will be handled by ATS staff following project approval.

Section VIII: Supporting Documents or References

ATS requires references for both chairs justifying their expertise in the field. (Please merge all files into one file should not exceed 10 pages)

Section IX: Conflict of Interest Disclosure

ATS members and others participating in official ATS projects have diverse experiences and relationships that positively contribute to project development. Disclosure and consideration of potential "conflicts of interest" (COI) -- relationships and personal interests that could be perceived as unduly influencing a participant's generation or assessment of evidence, and thereby potentially misinforming healthcare decision makers -- is essential to assure that official ATS projects always reflect the best available evidence and scientific rigor. Therefore, for all proposed projects:

1. ***All project applicants, who are also generally envisioned as the project chair or co-chair(s), must have completed the online 2017 ATS COI Questionnaire by time of consideration of this application**, and in doing so must have fully disclosed all relationships and personal interests that are relevant to the project's subject matter. These include but are not limited to all direct financial relationships with companies that have business interests related to project subject matter. <u>Please note</u>:*

A. *Most project applicants have already completed the online COI questionnaire due to involvement in the 2017 ATS International Conference or another 2017 official activity. If so, you simply need to return there (https://thoracic.coi-smart.com) to review your disclosure to make sure that it includes everything relevant to this project, and update it if needed. Use the ATS-issued COI website Log-in ID that was previously issued to you, and your self-determined password, or click on the "Forgot Log-in ID" link on the website.*

B. *If you haven't yet completed the 2016 COI questionnaire, please contact John Harmon at ATS at coioffice@thoracic.org or 212-315-8611 to be reminded of your Login ID if a previous ATS COI website user, or to be registered for the site if a first-time user.*

2. **COI disclosures are not yet required from other proposed project participants**. *Project applications require the names and contact information for the other ATS members or outside experts that you envision as members of your project's planning committee, writing committee, or panel, but these <u>proposed participants are not approved for participation until each has completed ATS COI review, which occurs once the application has been approved-in-concept</u>. At that time (if approved in concept) you and they will be contacted by ATS and instructed to complete or update the ATS COI questionnaire to disclose any COI relevant to project subject matter.*

3. **All projects intended to result in an ATS clinical practice guideline (CPG) must meet additional COI conditions** *outlined in the [Policy for Management of Financial Conflicts of Interest in the Development of ATS Clinical Practice Guidelines](). These include specific COI standards for CPG project chairs or co-chairs, and (once the project is approved in concept) ATS review and classification of all proposed panelists as either having no relevant COI, manageable COI, or disqualifying COI.*

Contact John Harmon, ATS manager for documents and COI management, at jharmon@thoracic.org or 212-315-8611 if questions about project-related COI disclosure and management. Shane McDermott, ATS senior director for ethics and COI, and Kevin Wilson, MD, ATS Documents Editor can assist John where needed.

Section IX Chair Acknowledgement

Submission of application constitutes Electronic signature. Electronic Signatures are considered binding.

Section X Revising Application after Reviewer Feedback
(Do not complete until Planning Committee reviews are received.)

- Indicate whether you have revised your application based on reviewer feedback.

- Please outline how reviews from the Planning Committee were addressed and how your application was revised accordingly.

- Can we share your application with ATS members if it is deemed a model application by the Program Review Subcommittee (PRS)? Many first time ATS members ask for a sample application it has been proven to be very helpful in the development of the application. The PRS reviews all applications and may consider several applications as model applications. These are applications that are considered complete and well written.