

John J. Sharry Prosthodontic Research Competition Submission Guidelines

The John J. Sharry Prosthodontic Research Competition, sponsored by the ACP Education Foundation, will be held **during the ACP Annual Session at the Fontainebleau Miami Beach on Nov. 1, 2019**. The competition is held to stimulate and acknowledge original research in prosthodontics. The ACP Research Committee strongly encourages all eligible individuals to participate in this program.

ELIGIBILITY

Individuals are eligible if they are currently enrolled in a postdoctoral prosthodontic program accredited by the Commission on Dental Accreditation of the American Dental Association or have completed such a program in the last three (3) years and are an Active Member, Fellow, or Resident/Graduate Student Member, in good standing, of the American College of Prosthodontists. Manuscripts must not have been previously accepted for publication and are eligible for publication in the *Journal of Prosthodontics*.

The John Sharry Research Award is a competition between prosthodontic residents and recent program graduates. Submissions *must be original, well-planned, and carefully executed by the competitor*.

Submissions should consist of research completed during or in conjunction with the applicant's ADA-accredited prosthodontic residency program.

ABSTRACT SUBMISSION

Abstracts must be submitted ELECTRONICALLY (email file attachment) by the applicant to the ACP Education Foundation at areshan@prosthodontics.org by **May 31, 2019**.

ABSTRACT PARAMETERS

- 1) Abstracts must have a structured form that includes **objectives, methods, results, and conclusions**.
- 2) Abstracts are limited to a maximum of **350 words**. Please verify word number using "Word Count" under the tools section of Word or other word processing program and state the word number at the bottom of the abstract.
- 3) The abstract must be accompanied by an **electronic letter of support** from the research mentor (sent as a separate file attachment with the email submission). **Support letter must include:** a breakdown of the percent effort by the student, research mentor, other project collaborators, and the source of funding. The letter must also include a statement guaranteeing that the manuscript will be submitted for publication in the *Journal of Prosthodontics* if the project is selected as a finalist (this must be done prior to the oral presentation during the Annual Session).
- 4) The abstract must also be accompanied by the completed application supplement which can be found on pages 3-4 of these guidelines.
- 5) Please do not identify the institution, the student, or mentor within the text of the abstract.

ABSTRACT/MANUSCRIPT REVIEW PROCESS

- 1) Six abstracts will be selected no later than **June 28, 2019**. These six individuals will be required to submit complete manuscripts (again, electronically) following the guidelines

developed for the *Journal of Prosthodontics* to the ACP Education Foundation no later than **July 31, 2019.**

NOTE: Manuscripts must follow the page limit (10-page maximum), reference formatting, and other constraints for standard submissions to the *Journal of Prosthodontics*. Manuscripts that do not follow these guidelines will be returned without review.

- 2) The ACP Research Committee will review the manuscripts and the six finalists will compete at the ACP Annual Session by giving an oral presentation, which will be graded by the ACP Research Committee. The full manuscripts will be scored, and those scores will be used in the final scoring formula. The scoring formula and percent distribution that will determine the three winners can be found below:

50% for submitted manuscript

50% for oral presentation (30% Q&A and 20% Style*)

***Style is defined as:**

- 1) Following Guidelines of Presentation Length
- 2) Clarity of Presentation
- 3) Quality of Slides
- 4) Logical Flow (Presentation of Review Process Factors 1-6 found below)
- 5) Presentation Skills

FACTORS THAT WILL BE CONSIDERED THROUGHOUT THE REVIEW PROCESS

- 1) Purpose/Hypothesis-driven investigation
- 2) Study design/methodology
- 3) Innovation
- 4) Appropriate statistical analyses
- 5) Basic science or clinical relevance of the study
- 6) Personal contribution to research project

The six selected finalists will receive: one-night hotel stay up to \$300 and U.S. domestic airfare (booked 30 days in advance) up to \$600. Their research will be presented at the Annual Session on Friday, Nov. 1, 2019. Cash awards of **\$1250** for 1st place, **\$750** for 2nd place, and **\$500** for 3rd place will be presented to the finalists at the Resident & New Prosthodontist Reception (checks may be mailed following the meeting).

**APPLICATIONS MUST BE SUBMITTED ELECTRONICALLY
IN PDF FORMAT TO THE ACPEF AT
areshan@prosthodontics.org by May 31, 2019**

For further information, please contact:

Dr. Galen B. Schneider, ACP Research Committee Chair

galen-schneider@uiowa.edu

Mr. Adam Reshan, Director, Membership Services & Academic Relations

areshan@prosthodontics.org

Did this manuscript receive intramural or extramural funding? No ____ Yes ____ (if yes, please fill in the next section)

| Source(s) of Funding | Name and Grand Number (if appropriate) | Primary Investigator | Date |
|----------------------|--|----------------------|------|
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Has this manuscript been previously presented in part or its entirety as an abstract, paper, table clinic, poster, or other format? No ____ Yes ____ (if yes, please fill in the next section)

| Presentation Type | Name and Location of Meeting/Conference | Which portion of the submitted manuscript was presented? | Name of each person listed on the presentation | Date |
|-------------------|---|--|--|------|
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Please list the names and titles of all contributors to the submitted manuscript.

| Name and Title | % of Contribution | Date | Signature |
|----------------|-------------------|------|-----------|
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Will the applicant be listed as first and primary author of the manuscript submitted to the Research Committee and presented at the Sharry Competition?

No_____ Yes_____

If no, please explain.

By signing the application, you are affirming that the information provided is true and complete.

| Title | Signature | Date |
|--------------------------------|------------------|-------------|
| Resident | | |
| Prosthodontic Program Director | | |
| Primary Research Advisor | | |