

# NCOPE Residency Directed Study Submission Form for Academy Research Award Consideration

Complete this form and submit it with a single PDF of your directed study via e-mail to  
submissions@oandp.org.

Name of Resident			
Current contact information			
Phone		Email	
O&P School			
Type of degree or certificate		Degree completion date	
Residency Start Date		Residency Completion Date	
Name of Residency Site			
Address of Residency Site			
Name of Residency Director			
Phone		Email	
Name of Research Director			
Phone		Email	
Date of Project Completion			
Type of Project		Project Completion Date	
<input type="checkbox"/> Original Research <input type="checkbox"/> Literature Review			
<input type="checkbox"/> Prosthetics <input type="checkbox"/> Orthotics		<input type="checkbox"/> Other Describe:	
Was IRB approval obtained?		If "No," was informed consent obtained?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		<input type="checkbox"/> Yes <input type="checkbox"/> No	