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| Dorothy Briggs Memorial Scientific Inquiry Award |  |
| Eligibility/Application Form |

To be eligible for this award, the primary author must have been an APTA member at the time of the manuscript’s publication, and at the time of nomination. The studies must have been undertaken when the primary author was a student in an educational institution, and the article must be part of the educational program’s requirements in which the student is enrolled.

Article Title:

*Physical Therapy* volume and number:

Primary author & APTA member number:

When was the reported study undertaken:

Institution where the research was conducted:

Does this publication represent, or was it adapted from a study, project, or paper **required to meet an academic requirement** for either a course or a degree for the **primary author**?

[ ]  YES [ ]  NO

*If you’ve answered no, this article is not eligible for the Dorothy Briggs Memorial Scientific Inquiry Award.*

Does this publication represent, or was it adapted from a study, project, or paper **required to meet an academic requirement** for either a course or a degree for **additional authors**?

[ ]  YES [ ]  NO

*If yes, please list the authors:*

Using the chart below, list each **eligible student author** and fill in the corresponding information beginning with the primary author first, 2nd author second, etc.

**Degree code**

E = entry-level professional education (including DPT)

PM = post-professional masters degree

PD = post-professional doctoral degree

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| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Degree Code** | **Area of study** | **Current APTA member** | **APTA member at time of publication** |
| Author #1 (primary author) |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| Author #2 |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| Author #3 |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| Author #4 |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| Author #5  |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| Author #6  |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| Author #7 |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| Author #8  |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| Author #9 |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |
| Author #10 |       |       |       | [ ]  YES[ ]  NO | [ ]  YES[ ]  NO |

Enter each eligible student author’s last name and number from the chart above and check each box as appropriate.

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| --- | --- | --- | --- | --- | --- |
|  | **Last name and number** | **Last name and number** | **Last name and number** | **Last name and number** | **Last name and number** |
| **Participation** |       |       |       |       |       |
| Originated research idea | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Developed idea from faculty work | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Developed idea with faculty | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Assigned to project by faculty | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Designed data collection method | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Collected data | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Analyzed data | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Wrote manuscript independently | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Wrote manuscript in collaboration with faculty | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

[ ]  The information provided on this eligibility form is correct to the best of my knowledge.

[ ]  A copy of this form has been shared with all other authors of this article.

*Signature:*

*Printed name:*

*Date:*