



Virginia College of Emergency Physicians

JOHN P. MCDADE, MD, AWARD
FOR RESEARCH IN EMERGENCY MEDICAL CARE

Instructions:

- Application must be typed or printed with black or blue ink pen.
- Enclose copy of *typed abstract* with application. (This will not be returned)

Personal Information:

Name: _____

Address: _____

City, State & Zip: _____

Daytime Telephone: _____ Email: _____

Category under which you are eligible to apply:

Residency Category (please submit verification letter from residency director)
Program: _____
Director: _____
Dates Attended: _____

Post-Graduate Category

Non-Physician (Any allied healthcare worker currently providing medical care within the state)

Research Abstract:

Please attach abstract to application form. The abstract must be limited to 250 double-spaced words in 10 or 12 point type. It must include a statement of purpose or hypothesis, the dates of study, and a statement of conclusion(s). Abstracts that do not comply with submission rules will not be reviewed.

Title of Abstract: _____

If a study involves human or animal research, was institutional approval received?

Yes _____ No
(Name of Institution)

Signature: _____ **Date:** _____

**Forward To: Virginia College of Emergency Physicians
2924 Emerywood Parkway
Suite 202
Richmond, VA 23294**

**Or Fax to (804) 747-5022
Email: bob@vacep.org**

Questions? (804) 297-3170