

APCCMPD Award for Medical Education Research

Information Required for Online Submission

SUBMITTER INFORMATION		
Date:		
		Last Name:
Institution:		
Contact Information		
Phone:	E-mai	nil:
If awarded, would you be the P	resenter? 🔲 Yes	es 🗆 No
If "No," indicate the name and o	contact information	on of Presenter.
First Name:	MI:	Last Name:
Academic/Professional Title	:	
Email Address:		
Institution:		
AUTHOR INFORMATION		
		separately indicate their name, contact varded, there can only be one (1)
Primary Author		
First Name:	MI:	Last Name:
Email:		Max Degree:
Upload Headshot		
Secondary Author		
	MI:	Last Name:
Institution:		
		Max Degree:
Upload Headshot		

Ad	lditional Author(s)	
Fir	rst Name: MI: Last Name:	
	stitution:	
	ademic/Professional Title:	
	nail: Max Degree:	
	oload Headshot	
ΑB	STRACT INFORMATION	
1.	Abbreviations must be spelled out, generic names must be used, and make sure to appropriately use Upper- and lower-case letters. Note that the first letter of every word in the Abstract Title should be Upper-case.	
2.	The Background , Methods , Results , and Conclusion should not exceed 600 words total. The minimum number of allowable words is 15. Do not include your own Headings . If additional space is needed, attach a separate document.	3
Ab	estract Title:	
Ва	ckground:_	
==		
Ма	ethods:	
1416	etilous.	
Re	esults:	
_		
_		
_		
Со	nclusion:	
_		
_		
Re	eferences:	
1:		
2:		
2.		

Tables/Graphs

If you have no Tables/Graphs, skip this section.

You have the opportunity to include a maximum of two (2) Tables or Graphs that support your application. **Attach them separately and submit with your application.** If awarded, you can present as many Tables/Graphs as time permits.