

Tamarack Award Application

Please complete the following form. Provide as much detail as possible to aid in applicant evaluation.

Applicant Information

Name (Last):	_____
Name (First):	_____
Credentials:	_____
Title:	_____
Affiliation:	_____
Address:	_____
City:	_____
State:	_____
Zip Code:	_____
Phone Number:	_____
Fax Number:	_____
Email Address:	_____

Nominator Information (if applicable)

Name (Last):	_____
Name (First):	_____
Credentials:	_____
Title:	_____
Affiliation:	_____
Address:	_____
City:	_____
State:	_____
Zip Code:	_____
Phone Number:	_____
Fax Number:	_____
Email Address:	_____

Clinical Experience

Please note the applicant's role in clinical care over the past ten (10) years (check all that apply).

- Business Owner Manager/Supervisor Clinical Provider
 Other (please describe): _____

Research Experience

Please note the applicant's role in research over the past five (5) years (check all that apply).

- Principal Investigator Co-Investigator Clinical Consultant
 Other (please describe): _____

Honors, Awards, or Patents

Please list (up to five) honors, awards, or patents related to orthotic science and/or clinical care held by the applicant.

- 1.
- 2.
- 3.
- 4.
- 5.

Publication Record

Please list (up to five) selected publications related to orthotic science and/or clinical care written or co-authored by the applicant. A copy of these publications should be attached.

- 1.
- 2.
- 3.
- 4.
- 5.

Clinical Relevance

Please describe the clinical relevance of the applicant's research and how it has impacted clinical care in orthotics (not to exceed three pages).



