

Tamarack Prize 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.

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.

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).



