

**Call For Clinical Inquiry (Research/Evidence Based Practice/QI) Abstracts**

ASPAN 43rd National Conference

April 14-18, 2024, Orlando, Florida

**Information Form**

**Primary Investigator(s):**

|  |  |
| --- | --- |
| ***Name & Credentials***  | ***Presenting Abstract at Conference?*** |
|        |  [ ]  YES [ ]  NO |
|       |  [ ]  YES [ ]  NO |
|       |  [ ]  YES [ ]  NO |
|       |  [ ]  YES [ ]  NO |

**Main contact regarding abstract: *This individual will be contacted with any questions regarding the abstract, and also will be the individual who will be notified of acceptance****.*

Name and Credentials:

Institution/Hospital Affiliation:

Position:

Preferred Mailing Address (include street, city, state):

Is above address work or home? [ ]  Work [ ]  Home

Preferred Telephone:

Email (mandatory):

***At least one presenter must be an ASPAN member.
If you are a member of an ASPAN Component, indicate your primary Component:***

**Co-investigators:** *(if you need additional spaces for Co-Investigators, please list on page 2)*

|  |  |
| --- | --- |
| ***Name & Credentials***  | ***Presenting Abstract at Conference?*** |
|         |  [ ]  YES [ ]  NO |
|        |  [ ]  YES [ ]  NO |
|       |  [ ]  YES [ ]  NO |
|       |  [ ]  YES [ ]  NO |
|       |  [ ]  YES [ ]  NO |
|       |  [ ]  YES [ ]  NO |

**Abstract Information**

1. Title of Research/EBP/QI Abstract:

2. Select type: [ ]  Research [ ]  EBP [ ]  QI

3. Institutional Review Board copy of letter of approval to conduct research study: [ ]  Yes [ ]  No

 *If* ***Yes****, attach a copy of your IRB letter to your email submission.*

4. Institution/Hospital affiliation for the research:

5. Research Setting:

6. Research Category: (i.e. education requirement; thesis/project, dissertation, independent nursing research):

7. Was this Research funded? [ ]  Yes [ ]  No

 If **Yes**, please explain:

8. Please indicate your preference: [ ]  I prefer to submit for **Poster** presentation.

 [ ]  I prefer to submit for **Both Poster and Oral Powerpoint**.

**Additional Co-Investigators :**

|  |  |
| --- | --- |
| ***Name & Credentials***  | ***Presenting Abstract at Conference?*** |
|       |  [ ]  YES [ ]  NO |
|       |  [ ]  YES [ ]  NO |
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