



Please complete the form if you are requesting consultative services, research support/collaboration, or data points related to clinical postgraduate education. APPAP may have data or may be able to refer researchers to data.

Please submit the completed application to appap@appap.org.

Submission date:

Primary Investigator Contact Information

First name

Last name

Affiliation

Job title/role

Email address

Co-Investigator Contact Information

First name

Last name

Affiliation

Job title/role

Email address

Co-Investigator Contact Information

First name

Last name

Affiliation

Job title/role

Email address



Data Request Application

1. Research project title

2. Provide a brief summary describing the purpose/objectives of the project. Please include a hypothesis or research question and discuss how the results will be disseminated.

3. List specific study variables needed.

4. Discuss methodologies recommended for data analysis.

5. Discuss the projected timeline and completion date for this project.