

## APPLICATION TO RECRUIT CATA MEMBERS FOR RESEARCH STUDY/SURVEY

## **APPLICANT INFORMATION**

| Full Name:  | Date:        |
|---|--------------|
| Address:  | Postal Code: |
| Telephone:  | Email:       |
| Institution/Agency:                                   |              |
|   |              |
| Position/Role:  |              |
| Other investigators and affiliations (if applicable): |              |
|   |              |
|   | <del>-</del> |
| Sponsors and sponsor affiliations (if applicable):    |              |
|   |              |
|   |              |
| Funding/funding agencies (if applicable):             |              |
|   |              |
| STUDY INFORMATION                                     |              |
| Study Title:  |              |
| Study Objectives:                                     |              |
| Study Objectives.                                     |              |
|   |              |
|   |              |
|   |              |
|   |              |
|   |              |



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| Relevance of the intended study                                    | to the practice of athletic therapy:                                      |
|--|---|
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| Intended future use of the study informing advisory boards, etc.): | findings (i.e. grant applications, manuscripts, conference presentations, |
|  |   |
|  |   |
| Length (number of questions):                                      |   |
| Estimated completion time:   |   |
| Available languages:   |   |
| Date CATA members are to be no                                     | otified of the study:   |
| How many times are members to                                      | be notified:  |

Note: Research study notifications are sent to members once per month. Researchers many request up to a maximum of 3 notifications (i.e. initial notification plus two reminders).



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|      | I agree to provide summary results from this research study/survey to CATA to be shared with CATA members within eight (8) months of study data being collected. |
|------|--|
| Nan  | ne:  |
| Sign | ature:   |
| Date | e:   |
| On l | pehalf of institution/agency:  |