



**NEW JERSEY ACADEMY OF FAMILY PHYSICIANS
RESEARCH POSTER PRESENTATION**

Application Form

**Application MUST be typed. Hand-written applications WILL NOT be accepted.
Please type in shaded fields.**

Please make sure to complete ALL the fields. Incomplete applications will not be considered.

A. ELIGIBILITY

Original clinical or educational research completed in the past 2-3 years and has been conducted or performed by a New Jersey Family Medicine resident, medical student attending one of New Jersey's allopathic medical schools or an NJAFP physician member. *Membership in NJAFP for the primary or secondary author is a prerequisite for submission.*

B. POSTER CATEGORY (check appropriate category):

- Research*
- Clinical Inquiry
- Community Project
- Educational Program

*** IRB: Is this an IRB-approved project?** Yes No

If you answered YES you must provide a copy of the IRB approval letter with your application.

C. NAME OF POSTER (as you would like it to appear in the official printed program)

D. POSTER CATEGORY FOR JUDGING (check appropriate category, must match primary author's status):

Physician Resident Student

E. PRIMARY AND SECONDARY AUTHOR(S)

Primary Author's Name, Professional Designation, Membership Number (if applicable):			
Primary Author's Status (check box for appropriate status):		Physician <input type="checkbox"/> Resident <input type="checkbox"/> Student <input type="checkbox"/>	
Institution/affiliation:			
Mailing Address:			
Telephone:		Fax:	
E-Mail			

Co-author's Name, Professional Designation, Membership Number (if applicable):			
Primary Author's Status (check box for appropriate status):		Physician <input type="checkbox"/> Resident <input type="checkbox"/> Student <input type="checkbox"/>	
Institution/affiliation:			
Mailing Address:			
Telephone:		Fax:	
E-Mail			

F. ADDITIONAL POSTER PRESENTERS AND PROFESSIONAL DESIGNATION

List names and professional designation of all others who contributed to the content of the exhibit.

G. FINANCIAL SUPPORT (N/A or Name)

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H. 50 WORD DESCRIPTION

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I. AUTHORIZING SIGNATURE

By submission of this application for poster exhibit space, I am verifying that I have read and understand the conditions and terms of the application and I agree to abide by these terms. I further understand that the application and booth assignment will be determined by the NJAFP. You agree that this abstract is an original work by the named author(s). NJAFP reserves the right to restrict any poster that, in the opinion of the NJAFP, is deemed promotional, commercial, or unethical. **Typing your name in the space below is equivalent to signing the application.**

Primary Author's Name:	
Date:	

This application and supporting material must be emailed by 8:00am, Monday April 24, 2017

Submit to: Shawn Blakely at shawn@njafp.org

Questions: Email Shawn (shawn@njafp.org) or call the NJAFP office at 609.394.1711

CHECKLIST OF REQUIRED MATERIALS:

(Please do NOT send your application without ALL the following materials. Incomplete applications will NOT be considered).

- Signed application
- Disclosure form from **ALL** authors (download from www.njafp.org/conference)
- Copy of IRB Approval Letter (if applicable)
- 50-word description of research project