

Award Applying For*

Peter Henderson MD Memorial Award

Candidate's Current Residency Status*

- Current General Psychiatry Resident
- Current Child & Adolescent Psychiatry Resident
- Recent (within 2 years) General or Child & Adolescent Residency Graduate

Candidate's (Anticipated) Year of Graduation from General or Child & Adolescent Psychiatry Residency*

Candidate Information

Candidate Name*

Degree(s)*

Institution*

Address*

Phone*

Email*

Program Director Information

Program Director Name*

Professional Title*

Degree(s)*

Institution*

Institution

Address*

Address 1*

Address 2

City*

Indiana



Zipcode*

Phone*

Business Phone

Fax

Email*

Email

Cancel

Next

Peter Henderson MD Memorial Award

Title of Paper*

Title of Paper

Date Paper was written*

Date paper was written

Paper's Publication Status*

- Not submitted for publication
 Submitted and/or under review for publication
 Published or accepted for publication

Is the resident the single author of this paper?*

Yes No

Is the resident a first author of this paper?*

Yes No

Concept/Research Hypothesis

How much was the resident actively involved in developing the idea of the project/paper, what the research question was, etc.?*

Select

Methodology

How much was the resident involved in developing the methodology for the study or the structure of the format of the paper?*

Select

Data collection/research of the topic

How much was the resident involved in the actual data or research on the topic?*

Select

Statistical analysis/analysis of the topic

How much of the statistical analysis did the resident do? How much of the review/analysis of the topic information did the resident do?*

Select

Drawing conclusions

How much did the resident independently draw the conclusions?*

Select



Writing

How much of the writing did the resident do independently?*

Select



By typing in my name below, as the training director, I am in support of my resident's submission. I confirm that the above information about the resident's contributions to this paper is accurate. I (or my faculty delegate) have read and reviewed this paper and have provided editorial support needed to my resident. If my resident receives the Henderson Award, he/she/they will be permitted to attend the AADPRT meeting.*

Training Director's signed name below must match submitter's name on first page.

Type Name*

Upload Candidate Paper* (Manuscript should be in a word processing format; pre-publication and publication proofs should not be submitted.)

No file selected.

Allowed file types: DOC, DOCX