

Award Applying For*

Peter Henderson MD Memorial Award

Candidate Residency Status*

- General Psychiatry
- Child & Adolescent Psychiatry
- Subspecialty Psychiatry Fellowship

Candidate Program Year*

Candidate Information

Candidate Name*

Degree(s)*

Institution*

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Program Director Information

Program Director Name*

Test

Professional Title*

Test

Degree(s)*

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Institution*

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Peter Henderson MD Memorial Award

Title of Paper*

Date Paper was written*

Are you the single author of this paper?*

Yes No

Concept/Research Hypothesis

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

Methodology

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

Data collection/research of the topic

How much were you involved in the actual data or research on the topic?*

Statistical analysis/analysis of the topic

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

Drawing conclusions

How much did you independently draw your conclusions?*

Writing

How much of the writing did you do independently?*

Select



By typing in your name below, as the author, you agree that the above is a fair representation of the work you have done on this paper.*

Type Name*

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 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*

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