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## NCOPE RESIDENCY ABSTRACT COVER PAGE

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Name of Resident: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Scheduled Date of Completion of Residency Program: \_\_\_\_\_

Date of Submission of Abstract: \_\_\_\_\_

Name of Residency Site: \_\_\_\_\_

Name of Residency Director: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Research Director (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

**Type of Project** (Please check one):

I.A Case Study Involving Human Subjects

I.B. Scientific Study Involving Human Subjects

I.C. Scientific Study Involving Human Subjects Supervised by a Qualified Research Organization

I.D. Other Study Involving Human Subjects

II.A. Literature Review

II.B. Scientific Study Not Involving Human Subjects

II.C. Scientific Study Not Involving Humans Subjects Supervised by a Qualified Research Organization

II.D. Other Study Not Involving Human Subjects

Primary Subject (Please check one):

Prosthetics

Orthotics

Other

*Please Note: this form must accompany your abstract when submitting to NCOPE.*

