## Canadian Lung Association: Allied Health Registration Form 2025

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| Application Information |
| **Applicant’s****Name:**  |  |
| **Applicant’s Department and University:** |  |
| **Registration Status:** | **☐ Full-Time****☐ Park-Time** |
| **Supervisor(s) name(s), department, email, and institution at which applicant will undertake proposed research project.****Supervisor:**      **Co-Supervisor (if applicable):**       |
| **Title of research project:**      |
| **Keywords** |
| **Referee #1 (Supervisor):** **Referee #2 (Previous Supervisor or Employer):**  |

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| **Research Abstract (Maximum one (1) page). Applicants must summarize the background, hypothesis, methods, and anticipated results.**  |
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