## 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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