The APDS Research Committee has been charged by the APDS Board of Director’s to control the number and quality of surveys being distributed on the APDS list serve with the intention of: facili\t\ting research that is beneficial to the APDS, its members, and particularly its mission; avoiding survey fatigue of our APDS list serve members by limiting the number of surveys they see yearly; and ensuring that quality surveys are distributed on the APDS List serve.

The process is as follows. Once you fill out and return the questions posed below, your completed questionnaire, your survey (which must be sent to me in PDF or Word document form), your IRB approval letter, and any supporting documents will be forwarded to 3 members of the Research Committee for evaluation. The survey will be evaluated based on the goals listed above. If your survey is approved you will be notified and the list serve master will post your survey on the APDS list serve with the “seal of approval” of the APDS Research Committee and a sentence encouraging participation of our members. If your survey is rejected you will also be notified and the reasons for the rejection delineated. If your survey is not accepted please do not post on the APDS list serve. The time from your submission of this questionnaire and a decision should be approximately 6 weeks.

Please type the following information so we can start the process.

1. The subjects to complete the survey are (please select all that apply):
   A) Program Directors
   B) Faculty
   C) Residents
   D) Other
   *If other please specify: ________________________________________________________________

2. What is the name of your survey? _____________________________________________________

3. Does your survey have IRB approval/exemption from the home institution? YES / NO *
   Please provide your institutional IRB approval or exemption letter*

4. Who on your research team is a member of the APDS?
   _________________________________________________________
   _________________________________________________________

5. What is the aim of the survey? (2-3 sentence maximum please) *Please provide a PDF of Survey*
   _________________________________________________________
   _________________________________________________________
   _________________________________________________________

6. Could you state why you think this answers to this research question will be beneficial to the APDS, its members and/or the APDS mission? (3-4 sentence maximum please)
   _________________________________________________________
   _________________________________________________________
   _________________________________________________________
   _________________________________________________________

6. What similar papers have you identified in your literature search?
   Describe how your hypothesis and expected findings will be different when compared to these papers.(5 max, most recent)
   _________________________________________________________
   _________________________________________________________
   _________________________________________________________
   _________________________________________________________
   _________________________________________________________

7. Does this survey have a commercial sponsor or is it intended to support a commercial interest? YES / NO

8. PI contact name and email _________________________________________________________

Please send the completed questionnaire, IRB approval/exemption letter and survey to apds@mindspring.com