



AMERICAN SOCIETY OF
PEDIATRIC OTOLARYNGOLOGY

ASPO SURVEY APPLICATION

Please include the following information when submitting your Survey Application:

1. Title of Survey
2. Sponsor
3. Funding and Funding Agency, if applicable
4. What is/are the objective(s) of this survey?
5. What do the author(s) expect data to be collected from this survey to show?
6. How will the data collected as a result of this study be used specifically? (i.e., grants, manuscripts, presentations, etc.)
7. How will this survey contribute to the pediatric otolaryngology field and/or literature?
8. Please provide a brief summary of the proposed statistical analyses to interpret the data collected and a letter of support from the statistical consultant performing these analyses.
9. If applicable, please provide a letter of support from the ASPO member sponsoring this survey.
10. Upon approval of the survey by the Research Committee, a letter of approval/exemption from the IRB must be sent to the ASPO Research Committee Chair before the survey can be posted/distributed.

Send completed application via email to:

Julia Peterson
ASPO Administrator
jpeterson@facs.org
312-202-5580

If you have questions for the Research Chair, please contact:

Steven Goudy, MD
steven.goudy@emory.edu