

Carlton Fillauer Prize Application

Please complete the following form. Provide as much detail as possible to aid in applicant evaluation.

Applicant Information

Name (Last):	_____
Name (First):	_____
Credentials:	_____ Title: _____
Affiliation ¹ :	_____
Address:	_____ _____
City:	_____ State: _____ Zip Code: _____
Phone Number:	_____
Cell Number:	_____
Fax Number:	_____
Email Address:	_____

Nominator Information (if applicable)

Name (Last):	_____
Name (First):	_____
Credentials:	_____ Title: _____
Affiliation ¹ :	_____
Address:	_____ _____
City:	_____ State: _____ Zip Code: _____
Phone Number:	_____
Cell Number:	_____
Fax Number:	_____
Email Address:	_____
Relationship to Nominee:	_____

¹ Company name

Clinical Experience

Please note the applicant's role in clinical care over the past ten (10) years (check all that apply).

Business Owner Manager/Supervisor Clinical Provider

Other (please describe): _____

Research Experience

Please note the applicant's role in research over the past five (5) years (check all that apply).

Principal Investigator Co-Investigator Clinical Consultant

Other (please describe): _____

Honors, Awards, or Patents

Please list (up to five) honors, awards, or patents related to prosthetic science and/or clinical care held by the applicant.

- 1.
- 2.
- 3.
- 4.
- 5.

Publication Record

Please list (up to five) selected publications related to prosthetic science and/or clinical care written or co-authored by the applicant. A copy of these publications should be attached.

- 1.
- 2.
- 3.
- 4.
- 5.

Clinical Relevance

Please describe the clinical relevance of the applicant's research and how it has impacted clinical care in prosthetics (not to exceed three pages).