**SAAAPM SURVEY REQUEST FORM**

**Name of Chair of Department and Institution Requesting Survey**

**Title of Survey:**

**Summary paragraph describing the intent of the survey**:

**Link to the survey:**

**Must the link must be cut and pasted into the browser?** [ ]  Yes [ ] No

**If approved, to whom should the survey be sent?**

[ ]  All SAAAPM Members

[ ]  AAAC (Chairs) [ ]  AACPD (Program Directors)

[ ]  AASPD (Subspecialty Program Directors) [ ]  AAPAE (Program Administrators/Educators)

**Beginning date of the survey:**

**End date of the survey:**

**Date of this request:**

 **I have reviewed and approved this survey and agree to send the compiled results of the survey in a comprehensive report\* that can be placed on the SAAAPM website for review by all SAAAPM members.**

**Signature of Chair:**

**Note: You will be informed by SAAAPM staff of the disposition of your request and if approved, how and when the survey will be distributed.**

\* A **comprehensive report** of the survey findings must include the following information before it can be posted on the SAAAPM website:

* Title of the survey
* Date of the survey
* Purpose of the survey
* Total number of participants the survey was sent to and the number of responses
* Copy of the entire survey with the results tabulated next to each question
* Contact information so that members can discuss the survey results with the surveyor
* Any additional information the surveyor would like to share with the SAAAPM members

Please send a completed SAAAPM Survey Request Form to:

 **Society of Academic Associations of Anesthesiology and Perioperative Medicine**

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Milwaukee, WI 53214
Email: andrew@saaapm.org