

## **AAPM&R Partnership Questionnaire**

Thank you for your interest in collaborating with the American Academy of Physical Medicine and Rehabilitation (AAPM&R).

The purpose of this questionnaire is to obtain information which will allow AAPM&R to review all partnership or cross-marketing requests in a standardized, timely manner. Answers to these questions will determine whether staff, Committees, and or Board members need to be involved in assessment. You can expect a response within 4-6 weeks of your request.

Name:	Date of Submission:	
Title:		
Compa	ny/Affiliation:	
Phone	Number:	
E-mail	Address:	
1.	Are you a member of AAPM&R? a. Yes b. No	
2.	Identify any other organization that may be involved in relation to this request.	
3.	Briefly describe your affiliation with the organization identified in question 2.	
4.	Provide background information on the organization in question 2, its mission, membership demographics, and organizational strategic priorities. (100 words or	less)



5.	Identify any other organizations that are currently involved in the proposed collaboration. none
6.	Describe the nature of the proposed collaboration request including any specific associated deadlines. (100 words or less)  a. Is it a shorter-term project (approximately 1 month or less) with a distinct start and stop date?  b. Is it a longer-term (more than approximately1 month) partnership without a distinct start and stop date?
7.	What are the goals of the proposed collaboration and benefits for each of the organizations involved in the proposed collaboration? (150 words or less)
8.	What are the mechanisms in place to evaluate effectiveness of the proposed collaboration? (100 words or less)



Please answer the following questions to provide more information on what specific assistance you are requesting from the Academy.

- 9. Would this proposed collaboration require access to all Academy members or a sub-set?
  - a. All Academy members
  - b. Subset (define)
- 10. Please check which AAPM&R Member Council (if any) this proposed collaboration would relate to?
  - a. Central Nervous System Rehabilitation
  - b. Musculoskeletal Medicine
  - c. Medical Rehabilitation
  - d. Pain Medicine/Neuromuscular Medicine
  - e. Pediatric Rehabilitation/Developmental Disabilities
- 11. Are you interested in endorsement of an initiative by the Academy?
  - a. Yes explain:
  - b. No
- 12. Describe if there is a promotional (marketing) component to proposed collaboration and what mechanisms are of interest (Web site, direct mail, e-mail, Academy newsletter, Resident Physician Council newsletter, Council newsletter, calendar listing, other). (100 words or less)

- 13. Describe if there is a research component to the proposed collaboration.
  - a. What is the goal of the research?
  - b. Do you have IRB approval?
  - c. Note if it is an electronic or print survey.



<ul><li>14. Describe if there is a clinical quality component to the proposed collaboration. (e.g., To include specific example)</li></ul>
15. Describe if there is a legislative or advocacy component to the proposed collaboration. (e.g., To include specific example)
16. Describe if there is an educational or coursework component to the proposed collaboration.
17. What (if any) are the financial components of the proposed collaboration? For example, special offers, discounts, revenue-sharing, etc.
18. Supply any other relevant information about the proposed collaboration. (100 words or less)

Upon completion of this form, click the submit button in the top right corner or e-mail it to request@aapmr.org.