

Application information

Name: _____ Address: _____
Email: _____ Office phone: _____
Cell phone: _____

RELEVANCE

Title of research

Research question(s) to be answered by the research

Statement of purpose for the research

Brief description of research

Is the principal investigator an Encompass Health employee? Yes No

Are any of the other investigators Encompass Health employees? Yes No

Will the research be conducted in an Encompass Health facility? Yes No

Where will the research be conducted?

Objectives, intent, and aims for the research.

Extent to which the research objectives, expected outcomes, and protocol fall within the defined purpose

RELEVANCE

Potential impact to the base of evidence in the field of rehabilitation services in an inpatient rehabilitation facilities

Background supporting the need for the research

Relevance to the grant purpose

Potential impact to translating knowledge to practice and implementing science and evidence-informed decision making in an inpatient rehabilitation setting

SCIENTIFIC MERIT

Brief description of research methodology and design

How will the research contribute to literature available for rehab services?

What are the research questions that this research protocol is aimed to answer, and what is the likelihood of this research answering these defined questions?

FEASIBILITY

Description of the institution supporting this research

Principal investigator name, background and research experience

P.I. CV Attached

Other investigators' names, background and research experience

P.I. CV Attached

IRB plan and status of application and approval

Plan to collect and analyze data

Define human subjects/participants for the study

Plan to recruit and select adequate and appropriate human subjects/participants

Description of what data will be collected

Describe where data measures that will be collected

Describe the plan for data analysis

Timelines and milestones to support timely completion of the research

Define timelines and milestones to support timely completion of the research

Plan for IRB approval(s)

Budget

Description of expense	Planned date of expense	Amount of expense	Type of expense
Total			

Completed applications can be emailed to therapygrants@encompasshealth.com.