



Survey Promotion Request Form

Name of survey:

Link to survey:

Name and AAN ID of member(s) completing this form:

Project Timeline

Date the survey should be posted by:

Date the survey will close/the survey link will stop working, if applicable:

Specific Goals

Please tell us the goals of the survey:

Background and Significance

What issues or trends motivate this survey?

The AAN's mission is to promote the highest quality patient-centered neurologic care and enhance member career satisfaction. How will the results of the survey help accomplish the mission of the AAN?

Population

If accepted, you will be allowed to send your survey link to up to 3 section listservs. Which listserv(s) would you like to share your link with? (Please go to <https://www.aan.com/membership/sections> to see the complete list.)

Other Organizations

Are you working, or have you requested to work with, other organizations on this survey? If so, which organizations?

Dissemination of Results

With whom will you be sharing the results?

If planning to publish results, where will you submit the manuscript?