



Virginia Occupational Therapy Association

Community. Innovation. Inspiration. Integrity. Service.

Research Posting Request Submission Form

Name of Organization: _____

Primary Contact Name: _____

Contact Email: _____

Contact Phone: _____

OT OTA OT Student Other: _____

VOTA Member **Member of Local State OT Association:** _____

(Please provide name of state association and proof of **membership for each member** - i.e. copy of your state membership card. **Membership must be current and will be verified with state association.**)

TYPE OF POST

***Research**

(*Please provide name and proof of state association membership for **each member of the research team** on paperwork submitted)

To Be Posted On: (may select more than one)

Website

Facebook

FEE STRUCTURE AND PAYMENT

Request for Research Posting:

- VOTA Members – **No Charge**
- Students or Practitioners from out of state (upon verification of state membership, all members of research team must be members of state chapter) – **No Charge**
- Students in Virginia Programs who are not members - **\$25 per request**
- Students or Practitioners from out of state (if any member of research team is not a member of state chapter) - **\$50 per request**

Please include text you wish to have posted or attach document and the purpose of the research project. Research postings will appear in the Members Only section of the VOTA website. VOTA members will be informed of the posting. **VOTA can't guarantee participation in the research project.**

Upon receipt of this form and required documentation, the primary contact will be contacted by VOTA staff for more information regarding the submission process and payment.