

Mail-in Application Submission Notes

To complete a mail-in application, send the following documents:

- Completed Application Form
- Abstract
- Case Study Presentation
- Video
- Bibliography
- Letter of Support

Passy-Muir, Inc.
PMB 273
4521 Campus Drive
Irvine CA 92612
ATTN: Student Award Administration

Video related to the case study may be put onto DVDs or flash drives and included with the application and should be in a recognized format, such as wmv, mov, mp4, avi, mpg, or asf.

For technical questions regarding video, contact Daniel Carrillo at dcarrillo@passy-muir.com

2013 David A. Muir Graduate Student Award

Guidelines for Case Study Presentation

The case study should be typed, double-spaced, and should include the following information in the order indicated. Font size should be set at 12 point, non-compressed font with margins of at least 1 inch. **The application must be received in the Passy-Muir, Inc. office no later than October 11, 2013.**

- I. **Application Form** (Form provided, complete all four sections)
- II. **Abstract**
Briefly summarize the case study
- III. **Case Study Presentation:** The case study must include:
 - a. Complete history and diagnosis
 - b. Initial evaluation including methods of assessments of speech, voice, language and swallow and assessment results
 - c. Complete description of assessment for the Passy-Muir® Valve and initial placement
 - d. Plan of care
 - e. Concise goals of therapy
 - f. Clinical outcomes
 - g. Resources and materials used including clinical preceptors and any training the writer used in preparation of treatment plan or presentation
 - h. Patient perspective
 - i. Video of patient (including written permission to share video)
 - j. Discussion and summary including limitations
 - k. Optional (highly recommended): MBSS and/or FEES studies
- IV. **Video**
 - a. Patient treatment, including assessment and placement of the Passy-Muir Valve.
 - b. Optional MBS or FEES studies
 - c. Agreement and Consent form for each person appearing in any media given to Passy-Muir Inc.
- V. **Bibliography** – APA style
- VI. **Letter of Support**
Submit a letter from your academic advisor and/or clinical mentor indicating any support and/or direction they provided.

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Application Form

Section I. Case Study Title

Section II. Presenter Information

Name

Degree

Institution

Mailing Address (Please check: ___ School Term Address; ___ Permanent Address)

City, State Postal Code

Daytime Phone Number

Fax Number

E-mail Address

Clinical Advisor/ Mentor

Clinical Advisor/Mentor Mailing Address :

Clinical Advisor/Mentor City, State Zip Code

Clinical Advisor/Mentor email address

Section III. Presenter Educational History

Degree	Date Rec'd.	Institution	Field
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section IV. Brief Biographical Sketch

May include professional interests, professional/student association affiliation, clinical practicum experience, special projects, and/or awards received.

AGREEMENT AND CONSENT

I, the undersigned, hereby authorize, license, and consent to the unrestricted use by Passy-Muir, Inc. ("Passy-Muir") of the names, statements, quotes, stories, likeness, images, film, videotape, or photographs of:

(Please print the name of subject ("Subject"), for instance, the person whose image appears in the photograph, or the person who is being quoted.)

I agree that Passy-Muir may use any names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I submitted to Passy-Muir, or that were created by Passy-Muir, in any manner that Passy-Muir may deem appropriate for purposes that include, but are not limited to, advertising, education, research, treatment, public relations, and media relations, with the following limitations (please check one box):

Full name/professional title/service & rank First & last name First name only

Other limitations (explain): _____

I also understand that Passy-Muir may place such names, statements, quotes, stories, likeness, images, films, videotape, or photographs on the Internet.

I understand that Passy-Muir is relying on my consent and will expend significant time and resources creating and preparing materials based on this Agreement and Consent.

Except as specifically stated above, I hereby waive any and all rights I may have with respect to any names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I have provided to Passy-Muir, and all images or works created from them. Except as specifically stated above, I hereby waive any and all rights I may have with respect to any photographs or videotape taken of the Subject by Passy-Muir, and all images or works created from them.

Without limiting the generality of the foregoing, I specifically waive: (i) any rights I may have to be paid or otherwise compensated for the use of such names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I have provided to Passy-Muir; (ii) any rights I may have to control the manner of use of such names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I have provided to Passy-Muir; and (iii) any rights I may have to inspect or approve the finished images, video, internet website, or printed matter that may be used in connection with the names, statements, quotes, stories, likeness, images, films, videotapes, or photographs that I submitted to Passy-Muir, or that relate to the Subject and were created by Passy-Muir. I understand that due to space and other editing considerations, the content may be edited or altered by Passy-Muir.

I agree to hold harmless Passy-Muir, Inc., and its officers, agents, representatives and employees, from any liability resulting from, or arising in connection with, the use of such names, statements, quotes, stories, likeness, images, films, videotapes, or photographs, including claims of copyright infringement, defamation and invasion of privacy.

I understand that Passy-Muir is not obligated to use such names, statements, quotes, stories, likeness, images, films, videotapes, or photographs unless Passy-Muir decides in its sole discretion to do so.

I am over 18 years of age, and I am authorized to sign this Agreement and Consent on behalf of myself and the other persons (if any) listed below:

Date:

Subject's Signature

Street Address

Printed Name

City

State

Zip

Phone Number

Email

Personal Representative Consent

I am the Personal Representative of the person named above and have the legal authority to execute the above Agreement and Consent on behalf of him/her and myself. I approve the foregoing and waive any rights in the names, statements, quotes, stories, likeness, images, films, videotapes, or photographs as referred to in this agreement.

Date:

Signature of Subject's Legal Guardian

Relationship

Printed Name of Legal Guardian