



AAOT Young Investigator Award Application Form

Applicant Information

Full Name: _____

Institution / Affiliation: _____

Current Position: _____

Email Address: _____

Contact Number: _____

Highest Degree Earned: _____

Date Degree Awarded (if applicable): _____

1. CV Synopsis (Maximum 250 words)

Please provide a concise summary of your academic background, career stage, and major research achievements (including name and current position).

Word Count: _____ / 250

2. Contribution to the Field (Maximum 350 words)

Please explain how the submitted work enhances the knowledge and understanding of orofacial pain and temporomandibular disorders (TMD), including its scientific or clinical significance.

Word Count: _____ / 350

3. Applicant's Personal Contribution (Maximum 250 words)

Please clearly describe your individual role and independent contribution to the submitted research or publication.

Word Count: _____ / 250

4. Degree Confirmation

Degree: _____

Awarding Institution: _____

Date Awarded: _____

Submit official documentation to confirm.

Declaration

I certify that the information provided in this application is accurate and complete.

Applicant Signature: _____

Date: _____