THE HERBERT H. & GRACE A. DOW COLLEGE OF HEALTH PROFESSIONS
CENTRAL MICHIGAN UNIVERSITY

ABSTRACT SUBMISSION FORM

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Author(s)
[First Name, Last Name]

Primary Presenter

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Date

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Include your abstract in the text box below with an objective/purpose statement, as well as methods, results, and discussion/conclusion sections (≤450 words). Completed forms should be emailed to the CHP Research Committee Chair by 5pm on Friday, February 19th 2027. Primary presenters (and faculty mentors if applicable) will be notified of abstract acceptance/decisions within 2-3 weeks of the submission deadline.

ABSTRACT