

Third Party Name: February Tester

Applicant: Tester Tracy

Application ID: C2-2024-04116

Project Title: Enter the title of your Research Program.

Organization Affiliations

Organization	Department	Job Position
Health Research BC-DO NOT USE	Medicine	Professor

Do you have formal training or credentials as a health professional?

Yes

Name of health profession: Audiologist

Other Health Profession:

Work Related to Proposal

Qualifications and Expertise

Describe how your experience and qualifications make you well-suited for your role in co-leading the activities proposed in this application. What are your relevant skills and experiences?

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Knowledge Translation Activities

What knowledge translation activities have you currently and previously engaged in? Please highlight any activities relevant to this project.

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