



NYSOMS

NEW YORK STATE OSTEOPATHIC MEDICAL SOCIETY

2026 Intern/Resident/Fellow ABSTRACT SUBMISSION FORM INSTRUCTIONS

This form must be fully completed when submitted with your abstract. Abstracts must conform to NYSOMS Policies & Procedures.

SUBMIT TO: NYSOMS (nysoms01@gmail.com) | **DEADLINE:** Friday, February 6, 2026 - 11:59 pm (EST)

POSTER AND AUTHOR INFORMATION

Poster Title		
Submitting Author	Email	
Institution	Department	PGY
Submitting Author's Mailing Address		
Please select the primary category into which your submission falls under:		<input type="checkbox"/> Experimental Research OR <input type="checkbox"/> Clinical Case Study

Did you receive any funding for this research?	<input type="checkbox"/> Yes <input type="checkbox"/> No	List:	
Institutional Review Board (IRB) Determination Status:		<input type="checkbox"/> Approval granted by IRB <input type="checkbox"/> Exempt Status declared by IRB <input type="checkbox"/> Not reviewed by IRB	
Signed Proprietary Statement:	<input type="checkbox"/> I verify that I significantly participated in this research project.		

Signed Disclosure:	<input type="checkbox"/> I certify that I have no affiliation/financial involvement in any organization or entity with a direct financial interest in the subject matter or materials discussed in the abstract or presentation.	
	OR	
	<input type="checkbox"/> I certify that I have an affiliation/financial involvement with which has a direct financial interest in the subject matter/materials discussed in the abstract or presentation.	

Submitting Author's Signature	Date

Program Director Signature	Program Director's Name	Date