

## METRIQ Podcast Use Study Intake Form

The data entered into this form will be used to contact you with the information needed to enroll in the METRIQ Podcast Use Study. Further information will be provided and consent will be obtained before you are enrolled in the study. Upon entering your name, email address, current training status and field of practice, you will receive a link to the survey within 24 hours.

Please enter your name:		
Type here		
Please enter your email addre	ess:	
Type here		
How did you hear about the M	//ETRIQ Podcast study?	
☐ Twitter		
Facebook		
○ FOAM website		
From a member of the METRIQ team (in person)		
From a member of the METRIQ team (email)		
From a trainee, colleague or supervisor who is not a member of the METRIQ team		
I was a participant in the METRIQ blog study		
Other	Type here	
What is your Profession/level of training?		
Medical Student		
Resident / House Officer / Graduate or Postgraduate Trainee in Emergency Medicine		
Resident / House Officer / Graduate or Postgraduate Trainee in Intensive Care Medicine		
O Practicing Physician / Attendi	ing / Consultant in Emergency Medicine	

Practicing Physician / Attending / Consultant in Intensive Care Medicine		
EMS Provider/ Paramedic		
Emergency Medicine Nurse		
○ ICU Nurse		
Other		
	Submit	









