**Instructions:** Please complete this form for any research that you plan to participate in as a medical or bridge student within your first two years, including summer. Each research project that you are involved in requires its own form. Medical and bridge students must conduct research under the supervision of a faculty member, research sponsor, or research mentor. **Prior to starting any research, this form must be submitted to the Assistant Dean for Medical Student Research, Suzanne Baker (suzanne.baker@med.fsu.edu).**

|  |  |  |
| --- | --- | --- |
| **1. Student Information** | | |
| **Name:** | **Date of Request:** | |
| **Email:** | **Year of Program:** Bridge M1 M2 | |
| **Date(s) of Research Activity:** Bridge M1 Fall or Spring  Summer before M2 M2 Fall or Spring | | |
| **2. Project Information** | | |
| **Title:** | | |
| **Brief description of the purpose and expected outcome(s) of this research activity:** | | |
| **Proposed research site(s) (i.e., institution name / type / location:** | | |
| **Research role:** Student assisting in existing or ongoing research Student assisting in a new research project  Research internship Other, specify: | | |
| **Type of research (check all that apply):** Bench (laboratory) Chart (records) review Clinical trial  Case report(s) Survey Community based / social medicine Other, specify: | | |
| **Does your project involve Human Subjects Research?** Yes No | | |
| All faculty, students, staff, residents, fellows, postdocs, and community researchers from FSU’s College of Medicine who conduct research with human subjects and / or animal resources are required to be appropriately trained in the responsible conduct of research. **Human subjects** **mandatory certification** is obtained through the completion of two online courses from the Collaborative Institutional Training Initiative (CITI) for the Protection of Human Subjects in Research. (See [Investigator Training](https://med.fsu.edu/index.cfm?page=clinicalResearchNetwork.training) on the CoM website.) | | |
| **Have you completed your CITI certification?** N/A Yes No | | |
| **RAC status:** N/ANot submitted Submitted and under review Approved, RAC Proposal ID: | | |
| All Human Subjects Research conducted by FSU College of Medicine faculty, students, staff, residents, fellows, postdocs, and community researchers must be approved by the [FSU CoM Research Advisory Committee (RAC)](https://med.fsu.edu/index.cfm?page=rac.home) prior to being submitted for approval by the FSU Institutional Review Board (IRB). | | |
| **Does your project require FSU IRB approval?** Yes No  **If yes, IRB status:** Not submitted Submitted and under review, HSC #:       Approved, HSC #: | | |
| **Other IRB(s) providing oversight (i.e., institution name):**  **IRB approval date(s):**       **IRB Number:** | | |
| **Does your project involve Laboratory Animal Resources?** Yes No | | |
| **Does your project require Environmental Health and Safety training?** Yes No | | |
| **3. Research Supervisor Information** | | |
| **Name:** | | **Title:** |
| **Email:** | | **Telephone:** |
| **Institutional affiliation(s):** | | |
| **Medical or research specialty:** | | |
| **Address:** | | |

|  |
| --- |
| **Role on project:** PI Co-PI Co-Investigator Study Coordinator Other, specify: |
| **Is the research supervisor of this project an FSU CoM faculty member or affiliated with any FSU CoM programs?** Yes No\* |
| **College of Medicine department affiliation(s):** Biomedical Sciences Clinical Sciences  Family Medicine and Rural Health Geriatrics Behavioral Health and Social Medicine  Other (e.g., division or institute), specify: |
| **FSU CoM position type:** Full-time faculty Clerkship faculty Resident  Residency / Fellowship Faculty or Program Director Other, specify: |
| **FSU CoM affiliated location:**  FSU Main Campus  FSU CoM Reginal Campus, specify:  FSU CoM Residency / Fellowship Program, specify:  FSU CoM Rural Program Site, specify:  Other, specify: |

\* If you are interested in working with a non-CoM faculty member, you must obtain permission from the Division of Research. Please make an appointment with the Assistant Dean for Medical Student Research, Ms. Baker, prior to beginning any research activity.

**4. Signatures**

**As an FSU CoM student involved in the above research, I acknowledge that:**

* All information is correct to the best of my knowledge.
* I have read and will abide by the student research policies outlined in the [Florida State University College of Medicine’s Student Handbook](https://med.fsu.edu/userfiles/file/StudentHandbook.pdf).
* I have read and will abide by the [Florida State University College of Medicine’s Research Policies and Procedures](https://med.fsu.edu/index.cfm?page=researchDivision.clinicalResearch) for human subjects research.
* I will not participate in human subjects research until all applicable IRBs have been approved for the research study.

**Student signature:**       **Date:**

**As the above student’s research supervisor, I acknowledge that:**

* All information is correct to the best of my knowledge.
* I have read and will abide by the student research policies outlined in the [Florida State University College of Medicine’s Student Handbook](https://med.fsu.edu/userfiles/file/StudentHandbook.pdf).
* I am affiliated with the Florida State University College of Medicine (e.g., full-time faculty, clerkship faculty, residency / fellowship faculty), I have read and will abide by [FSU CoM’s Research Policies and Procedures](https://med.fsu.edu/index.cfm?page=researchDivision.clinicalResearch) for human subjects research.

**Supervisor signature:**  **Date:**