Florida State University College of Medicine
Student RESEARCH ACTIVITY Notification Form
Year 1 and 2 Medical Students or Bridge Students

**Instructions:** Please complete this form for any research in which you plan to participate as a medical or Bridge student researcher within your first two years of medical school, including summer. Medical students and Bridge students must conduct research under the supervision of a faculty member, research sponsor, or research mentor. **This form must be submitted to the Office of Research Administration (for Bridge Students, Bridge Director) prior to the start of the listed research activity.**

### I. Student Information
- **Name:**
- **Date of Request:**
- **Email:**
- **Year or Program:**
  - Bridge
  - M1
  - M2
- **Date(s) of Research Activity:**
  - Bridge
  - M1 Fall or Spring
  - Summer before M2
  - M2 Fall or Spring

### II. Project Information
- **Title:**
- **Brief Description of the purpose and expected outcome(s) of this activity:**
- **Proposed Research Site(s):**
  - Institution Name / Type / Location:
- **Research Role:**
  - Student assisting in existing or ongoing research
  - Student assisting in a new research project
  - Research internship
  - Research and clinical internship
  - Other, specify:
- **Type of Research:**
  - Human Subjects
  - Bench (laboratory)
  - Chart (records) review
  - Clinical Trial
  - Case report(s)
  - Survey
  - Community based, social medicine
  - Other, specify:
- **Is your project defined as Human Subjects Research?**
  - Yes
  - No

*NOTE: All faculty, students, staff, residents, fellows, post-docs and community researchers from FSU’s College of Medicine who conduct research with human subjects are required to be appropriately trained in the responsible conduct of research. This 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 instructions on the CoM website.)*

- **Is CITI Certification required for this research?**
  - Yes
  - No
- **Does your project require FSU Institutional Review Board (IRB) approval?**
  - Yes
  - No

*NOTE: All Human Subjects Research conducted by FSU College of Medicine faculty, students, residents/fellows, and staff must be approved by the FSU CoM Research Advisory Committee prior to being submitted for approval by the FSU IRB. (See RAC Policy website.)*

- **Name of Institutional Review Board(s) (IRBs) Providing Oversight:**
- **IRB Approval Date(s):**
- **IRB or Research Protocol Number and Institution Name:**

### III. Research Mentor or Physician Supervisor Information:
- **Name:**
- **Title:**
- **Phone Number:**
- **Email:**
- **Institutional Affiliation(s):**
- **Medical or Research Specialty:**
- **Address:**

- **Role on Project:**
  - PI
  - Co-PI
  - Co-Investigator
  - Study Coordinator
  - Other

- **Is the physician/supervisor on the FSU CoM Faculty 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 Sciences & Social Medicine/Health Affairs
  - Other (e.g., Division or Institute), specify:

- **FSU CoM Position Type:**
  - Full-time Faculty
  - Clerkship/Community Faculty
  - Resident
  - Residency/Fellowship Faculty or Program Director
  - Other, specify:

*Updated: 2/24/2017*
As an FSU CoM Student involved in the above listed research, I acknowledge that:

- All information is correct to the best of my knowledge,
- I have read and will abide by the College of Medicine's Research Policies and Procedures for human subjects research.
- I have read and will abide by the student research policies outlined in the FSU CoM Student Handbook.

Student Signature Date

Physician/Supervisor Signature Date

I am serving as a research mentor or supervisor to the above listed student.