

**Internal Medicine Research Elective Rotation Approval Form**

Resident: \_\_\_\_\_ Dates: \_\_\_\_\_

Faculty Mentor: \_\_\_\_\_

Location of Elective: \_\_\_\_\_

Title of Project/ Specific Aim of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BRIEF Summary of Approach:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Checklist:**

**1. Does this project require IRB approval? Yes/No**

a. If IRB approval is required, has it been obtained? Yes/No

b. If not, will it be approved prior to the research elective? Yes/No

c. Has the resident taken a Human Subjects Certification Course? Yes/No

**2. Does this project require an animal protocol ? Yes/No**

a. If animal protocol approval is required, has it been obtained? Yes/No

b. If not, will it be approved prior to the research elective? Yes/No

c. Has the resident taken animal training courses? Yes/No

**Approvals:**

Resident signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residency Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_