

APPLICATION FOR CORE RESEARCH ROTATION

Third and fourth year students seeking permission to register for a research rotation must complete pages 1, 2 and 3 of this form and obtain signatures from a mentor physician AND a CORE Assistant Dean. After required signatures have been obtained, submit this completed form to your CORE Administrator.

Students: In order to receive CREDIT for this rotation/elective, you MUST complete and submit this application at least two (2) months prior to the quarter during which you plan to enroll for this rotation.

I. Prerequisites for a Research Elective

To be approved for a research rotation, students must be in good academic standing and meet all of the requirements for an elective rotation, as stated in the Year 3-4 Manual. This manual may be accessed online at <http://www.oucom.ohiou.edu/AcademicAffairs/Yr3-4Manual/2008-2010/index.htm>.

II. Learning Objectives and Expectations

In order to receive a passing grade for a research rotation, students MUST submit a 3-5 page summative paper at the conclusion of their rotation. This paper should describe the work that was performed during the timeframe of the rotation. Papers are due within 2 weeks of the completion of the research rotation and should be submitted directly to the CORE Research Director. Electronic submissions are preferred over paper submissions. Questions regarding guidelines for paper preparation may be directed to:

The CORE Research Office

(740) 593-2380

vale@ohio.edu or

brannang@ohio.edu

III. Instructions for Registration

1. Complete this form and request a signature from your mentor physician. Answer all questions. If something is not applicable to your request, indicate N/A and proceed to the next question.
2. Submit your signed form to your CORE Administrator (CA). The CA will complete the registration process on your behalf.
3. If at any time during the review process your request is denied, you will be contacted.

Note: Retain a copy of this document for your records.

IV. Student Demographics

1. Student's Name: _____
2. PID # _____
3. CORE Site Location: _____
4. Work Phone #: _(____)_____-_____
5. Home Phone #: _(____)_____-_____
6. Pager #: _(____)_____-_____
7. Gender (please circle) Male Female
8. Date of Birth: ____/____/____
9. Current level of medical education (please circle one): 3rd year 4th year
10. Assigned CORE Hospital (years 3 & 4): _____
11. Current E-mail Address: _____
12. Mailing Address (Street): _____
13. City: _____
14. State: _____
15. Zip Code: _____

V. Mentor Information

16. Name: _____
17. Work Address: _____
18. Email Address: _____
19. Work Phone #: _(____)_____-_____
20. Beeper #: _(____)_____-_____

VI. Project Information

21. Research Rotation Requested:
 - ___ Introduction to Research (1 week)
 - ___ Critical Literature Review (2 – 3 weeks) Weeks requested: ___
 - ___ Case Based Study (1 – 3 weeks) Weeks requested: ___
 - ___ Retrospective, Prospective, and Meta-Analysis Studies (3 – 7 weeks) Weeks requested: ___
22. Describe what you expect to learn from this rotation, particularly with regard to how you will apply that knowledge in your medical career. (An excellent example of this is: “I am going into anesthesiology. I attended the American Society of Anesthesiology National Conference and the topic of Postoperative Nausea and Vomiting kept coming up. I had a great experience rotating at this academic health center and was given this opportunity to help with the research of a fascinating subject there. By participating in this research I can have a better understanding of the topic to apply in my career as an anesthesiologist.)

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23. Project Title: _____

24. Provide the following contact information for the Principal Investigator of this project:

- a. PI's Name: _____
- b. Work address: _____
- c. Phone #: _(____)____ - _____
- d. Email address: _____

25. If this project involves human participants, what is the IRB status? _____

26. Approximately how much time to you expect to spend, daily, on this project? _____

27. What is the expected outcome of your research rotation (a paper, poster or other product)?

28. If you are going to design and implement your own study, then provide a brief description of your study, including the research question, some background/context for the question, the design and general methodology. You may attach additional sheets, if necessary. If you are going to join an existing study, then indicate N/A to this question.

29. Is this a current study that you will join (i.e. an established study, already in-progress)?

- a. YES
 - i. If so, then write a brief description of the study: _____

 - ii. What will be your specific role in this project?

b. NO

30. You are allowed to request up to 4 weeks in your 3rd year and up to an additional 3 weeks session in your 4th year, not to exceed a total of 7 weeks across your 3rd and 4th years (combined).

Please indicate the exact dates of your sessions:

Note: Retain a copy of this document for your records.

a. 3rd Year Dates: _____

b. 4th Year Dates: _____

Approved _____	Disapproved _____
_____	_____
Signature of Mentor Physician	Date



Remember...after you complete this form and obtain your mentor physician's signature, give it to your CORE Administrator.

VII. Additional Required Signatures

Instructions for CORE Administrators: Please have the student's CORE Assistant Dean review and sign this form. Once a signature has been obtained, send the form to the CORE Research Director.

Approved _____	Disapproved _____
_____	_____
Signature of CORE Assistant Dean	Date

Approved _____	Disapproved _____
_____	_____
Signature of CORE Research Director	Date

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Approved _____

Disapproved _____

Signature of Assoc. Dean for Pre-Doctoral Education

Date