

- b. Please read and accept the terms of the NOSM Conflict on Interest with Commercial Entities Policy as indicated by your signature below:

Signature

Name

Date

Description of SEE – Research and Teaching

In 250 words or less please describe the SEE using the following headings:

- (a) Goals

- (b) Activities including timelines and milestones. If this SEE involves research please also briefly describe the methods to be used.

- (c) Relevance to medicine.

- (d) Resources that are required e.g. rooms, IT

Requirements for Research

If this SEE involves research please complete the following:

Please indicate whether the research project involves:

<i>Type</i>	<i>No</i>	<i>Yes</i>	<i>Approval pending</i>	<i>Approved Protocol #</i>
Human subjects				
Animals				
Human stem cells				
Biohazards				
Radioisotopes				

All notifications of approval should be attached to this application. If any approvals have not been obtained the application can be submitted but final approval cannot occur until all regulatory requirements have been completed.

Agreement of Student

As a NOSM student I agree to abide by all applicable NOSM policies and procedures, and I agree to follow the directions of the faculty supervisor. I will immediately report any injuries or safety concerns to my faculty supervisor.

Student Name (Please print): _____

Student Signature: _____

Date : _____

Agreement of SEE Supervisor

As the faculty supervisor for this activity, I have read and agree to the information in this application form. I acknowledge and agree to the role of supervisor and the responsibility to ensure that the research is carried out in accordance with all relevant policies and regulations. I also agree to provide, or to arrange access to, all resources required for this SEE.

Faculty Name (Please print): _____

Faculty Signature: _____

Date: _____

Approvals

Assistant Dean, Phase 1 or Phase 3 Clerkship Director:

- Is the activity beneficial to the student’s medical education? Yes No
- Is the activity appropriate for the student’s stage of learning? Yes No
- Is the activity properly supervised? Yes No
- Have any health and safety concerns been sufficiently addressed? Yes No
- Have any perceived or actual conflicts of interest been declared and addressed? N/A Yes No
- If applicable, have all necessary approvals in the ‘Requirements for Research’ section been received*? Yes No

* if ‘No’ conditional approval may be granted but research cannot commence until the Director/Assistant Dean has received the required documentation.

I, _____, have read, and if necessary, discussed the above SEE – Research and Teaching application with the student and/or faculty supervisor, and (select one) I approve this activity OR I approve this activity conditionally pending receipt of required documentation (application should be resubmitted when this has been received).

Signature: _____ Date: _____