



Special Educational Experience (SEE) OR Mandatory Elective

RESEARCH AND TEACHING

Application and Approval Form

A Research & Teaching SEE must be supervised by a NOSM faculty member who has the appropriate qualifications and experience to supervise the activity. If the SEE involves any form of research activity the student must ensure that all necessary procedures e.g. human ethics approval, animal care approval, biosafety approval, must be completed prior to starting the SEE.

Approval Process: This form needs to be completed and signed by the student(s). Approval is to be obtained by the faculty supervisor (digital signature or e-mail approval will suffice). Submit completed and signed form to Learner Records (records@nosm.ca) who will obtain appropriate approval from Phase Lead. *Student MAY NOT begin SEE before approval is obtained from Phase Director.*

1. Is this an SEE or a Mandatory Elective (select one)? SEE ___ Mandatory Elective ___
2. Student Name: _____ Campus: _____ Year: _____
3. Student Contact Information:
Email: _____ Phone: _____ NOSM I.D.: _____
4. Title of Project: _____
5. Location of SEE: _____
6. Faculty Supervisor Name : _____
7. Faculty Supervisor Contact Information:
Email: _____ Phone: _____
8. Does a close personal or professional relationship exist between the student and supervisor? Yes _____ No _____
If yes please describe the nature of the relationship:
9. SEE Start Date: _____
10. SEE End Date: _____

11. Will this SEE receive financial support (including 'in-kind') from any source? Yes/No

If Yes:

- a. Detail the source and amount of funding and attach relevant correspondence from the funder

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

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 or teaching 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. I understand that I will not be compensated by NOSM as a SEE Supervisor. *(E-mail stating consent is accepted)*

Faculty Name (Please print): _____

Faculty Signature: _____ Date: _____

OFFICE USE ONLY

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: _____