



## Phase 3 Research Elective Application and Approval Form

A Phase 3 Research Elective must be supervised by a faculty member who has the appropriate qualifications and experience to supervise the activity. The student must ensure that all necessary procedures e.g. human ethics approval, animal care approval, biosafety approval, are completed prior to starting the elective.

**Approval Process:** For Phase 3 research electives, 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](mailto:records@nosm.ca)) who will obtain appropriate approval from Phase 3 Director. *Student MAY NOT begin Elective before approval is obtained from Phase Director.*

1. Student Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Year: \_\_\_\_\_
2. Student Contact Information:  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ NOSM I.D.: \_\_\_\_\_
3. Title of Project: \_\_\_\_\_
4. Location of Elective: \_\_\_\_\_
5. Faculty Supervisor Name : \_\_\_\_\_
6. Faculty Supervisor Contact Information:  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Does a close personal or professional relationship exist between the student and supervisor? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes please describe the nature of the relationship:
8. Number of Weeks: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_
9. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

10. Will this Research Elective 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 Phase 3 Research Elective**

In 250 words or less please describe the Phase 3 Research Electives using the following headings:

- (a) Goals

- (b) Activities including timelines and milestones.

- (c) Relevance to medicine

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

### Requirements for Research

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 Research Elective 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 agree to complete the Phase 3 Research Elective Assessment Form. I also agree to provide, or to arrange access to, all resources required for this research elective. *(E-mail stating consent is accepted)*

Faculty Name (Please print): \_\_\_\_\_

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

**OFFICE USE ONLY**

**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

If applicable, have any perceived or actual conflicts of interest been declared and addressed?  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 Phase 3 Research Elective 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: \_\_\_\_\_