

RESEARCH APPROVAL FORM

Resident: _____

PGY: 1 2 3

Date: _____

Research Information:

Dates: _____

Location: _____

Principal Investigator:

Name: _____

Contact Info: _____

Research Title: _____

Research Objective: _____

Research Methodology: _____

Long-term Goal:

- Publication
- Presentation at national meeting
- Career advancement (fellowship, job)

Resident Signature

Date

Need the following info:

Research Supervisor Signature

Date

Approved

Denied

Program Director/APD Signature

Date