

Resident Research Project

Name: _____ CA year: _____ Date: _____

Type of Project (circle all that apply): Basic Science / Experimental Clinical Research /
Observational Clinical Research / Retrospective Chart Review / Quality Improvement

IRB Status: _____ IRB approval # (please attach protocol narrative): _____

Title of Project: _____

Faculty Advisor: _____

What is the justification for the project (what is being investigated that is new to the scientific community)?

What will be accomplished?

Has a similar project been reported before? _____

Where will the project be presented?

What is the proposed timeline? _____

Amount of research time being requested: _____

use only)

(office

Project Approved: _____ Yes _____ No Date: _____

If No, reason why? _____

Time Approved: _____

You may attached a separate piece of paper if you need more space to answer