

RESEARCHER APPLICATION FOR ACCESS TO MEDICAL STUDENTS

Researchers are asked to email the following information (**maximum of 1 page**) to ugmeaa@dal.ca:

1. TITLE OF PROJECT:

2. RESEARCHER(S):

PRINCIPAL RESEARCHER:

RESEARCH TEAM MEMBERS:

RESEARCH SUPERVISOR
(IF APPLICABLE):

3. STUDENT PARTICIPATION:

EDUCATION LEVEL OF STUDENTS INVOLVED
(e.g., Med 1, Med 2, Med 3, Med 4):

TIME COMMITMENT REQUIRED FROM
STUDENTS:

START DATE:

END DATE:

4. ANTICIPATED ETHICS APPROVAL FOR RESEARCH:

Ethics approval is **not** required **prior** to an application being reviewed by UMECC; however, UMECC approval is conditional upon researchers applying for and receiving ethics approval. This ethics approval **must** be submitted to UGME prior to research request being distributed to students.

5. RISKS:

Potential risks to students participating in the study:

How potential risks will be mitigated:

6. BENEFITS:

Benefits to students and/or Undergraduate Medical Education:

7. OTHER:

Please add any information you would like the Committee to know (optional):