

NOTE: Please submit the full title/author/reference for all accepted abstracts to Drs Joe Frank or Jacinda Nicklas, and Akemi Iwanabe after your research project.

Resident: _____ PGY: _____

Research Elective Month(s): _____

Mentor: _____

Title of Research Project: _____

Brief background: (What is the research question/problem to be addressed?)

Hypothesis: (State concisely what you are fundamentally testing by conducting this research)

Specific Aims: (State concisely how you will test your hypothesis)

Methods: (In one or two sentences, describe how you will conduct this work)

Statement of work: (Outline time frame on which this project will be accomplished)

Goals for the resident: (Describe specific desired outcomes i.e., presentation, abstract, manuscript)

Signature of the Mentor: _____

Venue for research month clinic time (i.e., a clinic with your mentor or within your field of interest):

Signature of Preceptor for additional continuity clinic time if you plan: _____