University of Colorado Denver Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal Medicine Residency Program (electronic signature with date accepted)

Primary Care Research Elective Request Form Jacinda Nicklas - ***PC Research Program Director***

Resident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PGY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Elective Month(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Steps for completion:*

1. *Complete PC Research Form (typed)*
2. *Review with Research mentor and have signed*
3. *Forward completed and signed form to Dr. Jacinda Nicklas (*[*Jacinda.Nicklas@cuanschutz.edu*](mailto:Jacinda.Nicklas@cuanschutz.edu)*) for review and approval. She may suggest edits and ask for resubmission before approving.*
4. *Send completed form with signatures of Research Mentor and Dr. Nicklas (electronic signature okay) to Kendra Burghardt (*[*Kendra.Burghardt@dhha.org*](mailto:Kendra.Burghardt@dhha.org)*). Kendra will forward to Mary Meadows, residency coordinator*
5. *Signed research forms should be submitted for approval 60 days prior to the first day of your research rotation. If we have not received an approved research proposal 6 weeks prior to your research rotation, a research month may not be an option*
6. *For all submitted abstracts or publications that result from this research month, send full title/author/reference to Kendra Burghardt for PC database and tracking.*

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 Research Mentor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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