

# Research Project Description and Approval Form

<b>Name of Resident:</b>				
<b>Year:</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>x 4</b>
<b>Date of Application:</b>				
<b>Faculty Supervisor:</b>				
<b>Division:</b> -				
<b>Date of "Mentor Contract" signed between resident and mentor:</b>				
<b>Signature Resident:</b>				
<b>Signature Supervisor:</b>				
<b>Signature Director of Research:</b>				
<b>Signature Residency Program Director:</b>				

<b>Project Title:</b>
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<b>Project Description:</b>
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Describe your research:

Clinical Research  
Health Services Research  
Population Health Research  
Basic Research  
Knowledge Transfer Research  
Education Research

Collaborators and their role:

1. Name:

Role:

2. Name:

Role:

3. Name:

Role:

4. Name:

Role:

5. Name:

Role:

**Timeline:**

Start Date

Expected Submission to local Ethics Board

Completion of data collection

Completion of data analysis

Completion of write-up

Submission to DOP Research Day

Paper submission to journal

**Resident's role:**

Literature Review

Writing Protocol

Grant Submission

Complete RISE application

Chart Abstraction

Data Entry

Statistical Analysis

Writing Report

Presenting at Conference

Writing Article

Other

Award:

Award: