



Student Research Information Form

Student Name: Last, First, Middle

Date of Request

Year of Graduation

E-mail

___ Kansas City
___ St. Joseph

Phone number

Docent name

Docent unit

When can you start?

Type of research?

- Bench/Basic Science Research
- Clinical Research
- Quality Improvement & Patient Safety
- Summer or Year-Long Extramural Research Program

Area of interest or project you intend to join, mentor name (if known), location of research, and projected end date

All UMKC School of Medicine students considering participating in research activities must:

1. Complete and submit this form to the Dept. of [Biomedical Sciences](#).
2. Be academically approved by SOM Student Affairs Office (Biomedical Sciences will check this).
3. Complete applicable [CITI research training](#) and comply with requirements of Compliance committees (e.g., UMKC Institutional Review Board (IRB), or hospital affiliate IRB, UMKC Biosafety committee, etc.)
 - a. Human research activities - [CITI Group1 Biomedical Investigator](#)
 - b. Bench/Lab research - [CITI course Investigators, Students, and Staff Handling Biohazards](#) and the [Biosafety](#) course.

Submission of this form indicates that you have read and comply with the above three requirements.

Submit Research Form and your CV/resume to Ms. Miyako Rauls myrwb4@umkc.edu