

► **ENROLLMENT APPLICATION** ◀
Introduction to Clinical Epidemiology
January 14, 2010 – April 29, 2010

Faculty: Peter Imrey, PhD, Quantitative Health Sciences

Classes meet on Thursdays, 7-9am, Room TBD.

The course will provide a general introduction to the descriptive technical language and research methods of epidemiology, grounded in examples from the contemporary as well as historically significant clinical research literature. Topics will include human subjects protections; measures of disease frequency and association; sources of spurious statistical associations, including bias and confounding; basic concepts of observational survey (cross-sectional), cohort, and case-control study design and analysis; fundamentals of clinical trials; evaluation of diagnostic tests and disease screening programs; effect modification and statistical interaction; and brief introductions to meta-analysis and clinical decision analysis. Classes will involve both lecture and research case-based discussions focused on journal papers. Assigned portions of a paper text, computer-based interactive text, and clinical research papers will be important for genuine learning.

Name: _____ **MD** **DO** **PhD** _____
Please print *other*

Department: _____ **Staff** **Fellow** **Other:** _____

Phone: _____ **Pager:** _____ **Fax:** _____ **Mail code:** _____

Employee#: _____ **Email:** _____

Ethnicity: Asian Black Hispanic Pacific Islander White Other: _____

Gender: Male Female

I agree to participate in at least 80% of the sessions. I understand that attendance is monitored and may be reported to department chairs (staff) or program directors (fellows). I agree to produce a research proposal, in accord with CCF/RPC or NIH or similar guidelines. Prior to beginning the course I will enroll and complete the Cleveland Clinic Human Research Subjects Training program by registering on the site: www.miami.edu/bb/citireg.

signature of applicant

You must be recommended by your department chair (staff) or program director (fellows).

We recommend this applicant for this seminar course and agree to support the effort.

Chair/Director: _____ **OR** **Mentor:** _____
please print *please print*

signature *date*

signature *date*

Return form to Maggie Muszka, CMERAD, NA25, voice: 4-5662, fax: 5-4471.