

► ENROLLMENT APPLICATION ◀
Clinical Trials

August 27, 2009 – December 10, 2009

Faculty: Gerald Beck, PhD, Quantitative Health Sciences

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

The course will focus on the design, organization and operation of randomized controlled clinical trials and intervention studies. Topics include legal and ethical issues in design; application of concepts of controls; masking and randomization; steps required for quality data collection; monitoring for evidence of adverse or beneficial treatment effects; elements of organizational structure; sample size calculations and data analysis procedures and mistakes.

Please note, in addition to this Enrollment Application, all participants are required to register for this course as either a CWRU Non-Degree student where you will need to pay full tuition (approximately \$4125.00) and you will get graduate credit; or as a Postgraduate Audit student where you will need to pay 10% of tuition (approximately \$412.50) and you will not get graduate credit or transcript notation.

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: <http://www.miami.edu/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: _____ Mentor: _____
please print *please print*

signature *date* *signature* *date*

Return form to Maggie Muszka, CMERAD, NA-25, voice: 4-5662, fax: 5-4471.