

► ENROLLMENT APPLICATION ◀  
**Introduction to Clinical Research**  
**September 10, 2009 – December 3, 2009**

**Faculty:** Matthew Karafa, PhD, Quantitative Health Sciences

**Classes meet on Thursdays, 9am - Noon, Room TBD.**

The goals of the course are to learn the basic skills necessary to develop and describe a clinical research project and apply these skills by working with a research mentor to develop a project which can be submitted for funding. Special emphasis will be placed on identifying clinical research resources at the Cleveland Clinic, components of a written research proposal, study design and statistical considerations, ethical and legal considerations of clinical research, and specific methodologies such as cost-benefit studies, analyses of large data sets, outcomes research, and qualitative methods in clinical research. The last session of the course will be devoted to conducting a mock NIH review of the proposals by students and faculty.

**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:** \_\_\_\_\_  
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\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*date*

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*date*

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