



## Application for Research Support Services

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### A. Applicant

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Are you the Principal Investigator (PI)?

Yes  No, What's the name of the PI? \_\_\_\_\_

Are you... (Please, check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Med Student          | <input type="checkbox"/> Resident, Postgraduate year: _____ |
| <input type="checkbox"/> Graduate student     | <input type="checkbox"/> Faculty                            |
| <input type="checkbox"/> Post-doctoral Fellow | <input type="checkbox"/> Fellow; Postgraduate year: _____   |

**Please provide information of your Chief Department.**

Name of Chief Department \_\_\_\_\_ Phone \_\_\_\_\_

Department/Faculty: \_\_\_\_\_ Email: \_\_\_\_\_

**Fellows, residents or students, please provide your mentor's information.**

Mentor's Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Phone \_\_\_\_\_ Department/Faculty: \_\_\_\_\_

Email: \_\_\_\_\_ Fax \_\_\_\_\_

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## B. Research Project

Title: \_\_\_\_\_  
\_\_\_\_\_

Objectives/Research Questions: \_\_\_\_\_  
\_\_\_\_\_

Project estimated time frame: \_\_\_\_\_

Status of project:

- Planning and writing proposal     Recruitment     Post-data collection  
 Manuscript preparation for publication     Other, Please specify: \_\_\_\_\_

Is it IRB approved?

- Yes, Protocol number: \_\_\_\_\_     No     To be submitted

Assigned Funding:

- No     Yes, Name of agency/organization: \_\_\_\_\_  
 Other available resources, please specify: \_\_\_\_\_

This study is a...

- New study     Ongoing study

Are you soliciting to be a...

- RIGs (Research Interest Groups)     Affiliated Researcher
- 

## C. Request for Services *(Please check all services that apply):*

- Study Design Planning     Proposal Development     Sample Size and Power Calculation  
 Data Collection Form Development     Database Development     Statistical Analytical Plan  
 Statistical Analysis     Presentation Review     Manuscript Review  
 Other, please specify \_\_\_\_\_

What's the purpose of the services requested? (Please, check all that apply)

- Grant     To do a poster/oral presentation at a scientific conference     Course requirement  
 Submit manuscript in a peer review journal     Other, specify: \_\_\_\_\_

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## Compliance Statement

I, \_\_\_\_\_, agree to acknowledge the support provided by the Endowed Health Services Research Center (EHSRC) of the University of Puerto Rico (UPR) School of Medicine in all publications and presentations resulted from this study using the following acknowledgement or one similar:

*"This study was supported by the UPR School of Medicine Endowed Health Services Research Center, Awards Number 5S21MD000242 and 5S21MD000138 from the National Center on Minority Health and Health Disparities (NCMHD) of the National Institutes of Health (NIH). The content is solely the responsibility of the authors and does not necessarily represent the official views of the NCMHD or NIH"*

Also, I agree to complete and submit annually, on May, a progress report, and provide copies of such publications and presentations to the EHSRC's office.

This application was completed accurately and the study will be conducted in accordance with the UPR Medical Sciences Campus regulations and policies governing the research process.

Principal Investigator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If it is different to PI)*

Chief Department's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If the PI is a faculty member)*

Mentor's Signature \_\_\_\_\_ Date \_\_\_\_\_

***Note: The application needs to have all the necessary signatures to be completed. Once the application is submitted to the EHSRC's office, it will be evaluated, and an initial meeting will be schedule with the applicant.***