

# Application for Research Elective

House officers are responsible to identify a project, recruit a faculty advisor and submit the following documentation. This form must be submitted at least 6 weeks prior to beginning your research.

Additional information regarding policy can be found online at: [https://www.medicine.uci.edu/residency/research\\_elective.asp](https://www.medicine.uci.edu/residency/research_elective.asp)

## Resident Information

Name

Date

Phone/Pager #

Class Year

Career Interest

## Faculty Advisor Information

Name

Title / Department

Phone #

Email

## Research Elective

Site at which elective will be performed:

UCI Medical Center

UCI Campus

Long Beach Veterans Affairs

Other

Dates for Elective: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_

This project is:            New            Ongoing

***Please submit a summary of the research elective you have proposed.***

Provide a paragraph addressing each of the following: (Or you may attach your own summary.)

Introduction and  
explanation of the  
background for research

Degree of participation by  
the house officer in the  
design of the study

Background, experience,  
and degree of  
participation of the  
faculty sponsor

Research hypothesis

Specific methods

Daily schedule of activity  
during the elective period

Specific statement of  
what the house officer  
expects to produce from  
the study

*If time requested exceeds  
one block:* Address the  
need for additional time

## Approvals

*Your faculty advisor must sign the following statement. Please submit to [tsunezub@hs.uci.edu](mailto:tsunezub@hs.uci.edu) for further approvals.*

I have reviewed the research elective request. I agree with the information provided, in particular with respect to the nature and degree of the participation of the house officer in this study. I certify that the house officer has and will participate in a meaningful way with this study. I understand that literature reviews and case reports/series are not appropriate as the sole activity of this elective research experience. Participation must go beyond simple data collection to serious intellectual pursuit. I believe that this elective will provide the house officer with meaningful research experience.

_____	_____	_____
Faculty Advisor Name	Signature	Date
_____	_____	_____
Program Director Name	Signature	Date
_____	_____	_____
Site Director Name	Signature	Date
_____	_____	_____
DIO Name	Signature	Date