



- CDM I, II, III & IV Students: Return completed application to the Research Compliance Administrator at [dcanyon@kansascity.edu](mailto:dcanyon@kansascity.edu). Call 816.654.7602 if you have questions.
- COM MSI & MSII Students: Return completed application to the Research Compliance Administrator at [dcanyon@kansascity.edu](mailto:dcanyon@kansascity.edu). Call 816.654.7602 if you have questions.
- COM MSIII & MSIV Students: Return completed application to the Research Compliance Administrator at [dcanyon@kansascity.edu](mailto:dcanyon@kansascity.edu) and your Clinical Coordinator. Call 816.654.7602 if you have questions.
- COB Students: Return completed application to the Research Compliance Administrator at [dcanyon@kansascity.edu](mailto:dcanyon@kansascity.edu). Call 816.654.7602 if you have questions

**KCU Application for Research Activities**

Applicant Classification: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Student ID (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_

Date(s) of Research\*: \_\_\_\_\_ To: \_\_\_\_\_

Name and Title of Research Mentor: \_\_\_\_\_

Mentor's Institution: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Location(s) where research will take place (institutions/sites):  
\_\_\_\_\_

*\*Extensions of research past these dates must be pre-approved by KCU. To submit an extension request, please submit a new form to Office of Research and Sponsored Programs. An extension request is not approved until all authorization signatures have been secured on new form.*

**Complete the Following with assistance of the Mentor:**

Description of Research Proposal :( Provide a brief statement describing the research project.)

Please answer yes or no to each of the following questions pertaining to the volunteer activities that you anticipate performing during your volunteer educational opportunity. Reminder; no research can begin without approval from KCU or other institutions regulatory committee(s).

**Biohazardous Research:**

Does research project involve biohazardous materials necessitating an Institutional Biosafety Committee (IBC) submission and/or addition of personnel to protocol? Yes No

If yes, please the protocol number and attach a copy of the approval letter: \_\_\_\_\_

**Research Involving Animals:**

Does research project involve living animals or animal specimens? Yes No

If yes, please provide the protocol number and attach a copy of the IACUC determination letter (if none, please explain):

**Human Subjects Research:**

Has (or will) KCU's or another Institutional Review Board (IRB) reviewed and approved the research prior to start date of research? Yes No

Please provide the protocol number and a copy of the IRB approval letter that includes the IRB's number assigned to your project:

**Not Human Subject Research/Quality Improvement Determinations/Case Reports:**

For activities that might not be human subject research under the federal definition, has KCU or another institution made a Not Human Subjects Research or a Quality Improvement/Assurance determination regarding your activity? Yes No

If yes, please provide a copy of the formal determination letter or email.

*(All Volunteers)* I understand that Kansas City University is providing me with an educational opportunity to provide volunteer work for the University and no compensation is expected in return.

*(Non-KCU affiliated volunteers)* By signing this letter, you consent to the conditions as outlined above and affirm that you understand the risks at Kansas City University in the designated laboratory. On behalf of myself the volunteer, I HEREBY RECOGNIZE AND ASSUME ALL THE RISKS ASSOCIATED WITH MY VOLUNTARY PARTICIPATION IN THE PROGRAMS OFFERED AT KANSAS CITY UNIVERSITY AND RELEASE KCU AND THEIR RESPECTIVE EMPLOYEES, AGENT REPRESENTATIVES, AND VOLUNTEERS FROM ANY AND ALL OBLIGATIONS, LIABILITIES, CLAIMS, DEMANDS, COSTS, AND EXPENSES, INCLUDING ATTORNEY'S FEES, OR DEMANDS OF ANY KIND OF NATURE WHATSOEVER WHICH MAY ARISE OR IN CONNECTION WITH MY PARTICIPATION IN ANY ACTIVITIES RELATED TO KCU. I also affirm that I am, and will remain covered by Medical insurance throughout the duration of the research activities.

I will complete the research project as described.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Research Mentor Overseeing Activities:**

I agree to mentor this volunteer, obtain the necessary research compliance approvals (IRB, IACUC, and IBC) prior to start date of research, and verify the project is completed as described within the dates specified.

Research Mentor Signature \_\_\_\_\_ Date: \_\_\_\_\_

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FOR OFFICE USE ONLY  
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\_\_\_\_\_  
Dean or Associate Dean / Department Chief / Clinical Education's Signature  
Approved: \_\_\_\_\_  
Not Approved: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Executive Vice-President of Academic and Research Affairs  
Approved: \_\_\_\_\_  
Not Approved: \_\_\_\_\_  
Date: \_\_\_\_\_