



KCU Application for Research Activities

Applicant Classification:

COM	CDM	COB	Non-KCU Affiliated Volunteer	Non-KCU Affiliated Visiting Scholar
Year I	Year II	Year III	Year IV	Year I Non-Research Track Volunteer
No-Credit	For Credit			

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 & Project Number if applicable .

(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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Dean or Associate Dean / Department Chief / Clinical Education's Signature

Approved: _____
Not Approved: _____ Date: _____

Vice Provost of Research

Approved: _____
Not Approved: _____ Date: _____