

UNIVERSITY OF WASHINGTON SCHOOL OF DENTISTRY
4TH YEAR RESEARCH TRACK APPLICATION

PLEASE SUBMIT THIS APPLICATION VIA E-MAIL TO:
 SOD Office of Research (dentres@uw.edu)

DUE DATE: March 1, 2024 11:59 PM

1	Student Applicant Information	Name _____ Telephone _____
	Address	_____
	e-mail	_____
	Prior Degrees	Degree _____ Field _____ Institution _____ Date _____
	Student ID Number	_____
2	Preceptor Information	Name _____ Rank _____ Dept. _____ Box # _____ Telephone _____ e-mail _____
3	Title of Proposed Project (Not to exceed 53 typed spaces)	_____ _____ _____

4	Check One of the Following Statements	<input type="checkbox"/> This application does not include activities involving human subjects. <input type="checkbox"/> This application includes activities involving human subjects. Our institutional committee reviewed and approved it on _____ (Approval No. _____), in accordance with our assurance approved by the Public Health Service. This project will be subject to continuing review, as provided for in that assurance. <input type="checkbox"/> This application, which includes activities involving human subjects, is pending review by an institutional committee as provided by our assurance approved by the Public Health Service. Certification of completion of the review will be provided as soon as possible, and prior to the use of human subjects.
5	Supplementary Information	<input type="checkbox"/> Ionizing radiation <input type="checkbox"/> Pathogenic Organisms <input type="checkbox"/> Chemical Carcinogens, Mutagens, Teratogens, Hazardous Chemicals <input type="checkbox"/> Diving <input type="checkbox"/> Other Safety Considerations <input type="checkbox"/> Use of Laboratory Animals
6	For Animal Use (check one)	<input type="checkbox"/> This project has been approved on _____. <input type="checkbox"/> This project is pending review by the UW Institutional Animal Care and Use Committee (IACUC). Certification of review will be provided prior to any animal use.
7	Student Commitment to Training Period, Report & Poster Presentation	Acceptance of funds entails an obligation to submit a report of activities carried out during the funded period. This report should be in the form of a scientific manuscript prepared for publication, and it should be submitted to The Office of Research at dentres@uw.edu by December 15, 2024 at 5:00 PM. Eleven weeks' FTE training is required, and will be fulfilled as shown in the Project Timetable (Form Page 5). Student is also required to present a poster for Research Day 2025.
	Approval/Acceptance Signatures	<hr/> <div style="display: flex; justify-content: space-around;"> Student Applicant Preceptor </div>

<p>8</p>	<p>Preceptor's Description</p> <p>Description of expected research learning experience to be provided for student (to be completed by preceptor)</p>	<p>Preceptor's Assurance</p> <p>I take responsibility to assure that the student is provided the research opportunity described herein.</p>
		<p>Preceptor _____ Date _____</p>
<p>9</p>	<p>Budget Information</p> <p>Will this project require funds for supplies, equipment, local travel, publication costs, xerox, telephone costs, subject participation payments, or other costs? Up to \$500 may be requested. Please itemize and show the total funds requested. All items requested should be research-related (ex: costs for traveling from home to your place of work may not be requested, but costs of traveling between different research locations are allowable expenses).</p>	<p>Total Requested \$ _____</p>

<p>10</p>	<p>Elective Credit</p>	<p>Seven (7) elective credits can be obtained in during the project period for completion of the Program requirements. These elective credits are offered in the Preceptor's department, and the Preceptor serves as the Course Director.</p> <p>.</p> <p><input type="checkbox"/> I wish to receive elective credit for my Research project.</p> <p>_____</p> <p style="text-align: center;">Student's Signature</p> <p><input type="checkbox"/> I agree to serve as Course Director for the student's elective</p> <p>_____</p> <p style="text-align: center;">Preceptor's Signature</p>
<p>11</p>	<p>Project Description</p>	<p>Please provide a description of the proposed research project (6 PAGES). You should include:</p> <ol style="list-style-type: none"> 1. Summary of proposed project (not to exceed 200 words). 2. An introduction containing a review of published literature and other observations which serve as the basis for the project. 3. A statement of rationale and research objectives for the project. 4. A description of the experimental protocols to be carried out. 5. An explanation of how the data will be managed and processed, including statistical analysis where appropriate. 6. A statement of the significance of the work relative to the knowledge in that general area. 7. Bibliography with citations for referenced items. <p>The research proposal should not be more than a maximum of 6 pages, double-spaced typing. It should include sufficient detail for satisfactory review by the Research Advisory Committee of the School of Dentistry.</p>

PROJECT TIMETABLE (TO BE COMPLETED BY ALL STUDENTS)

Complete the table below showing what activities you plan to undertake during each period. List activities sequentially and be as specific as possible. Add bullets as necessary. Total weeks must add up to 11.

Time Period	Project Activities	# Weeks	% Effort (Student)	Weeks of FTE Effort (# Weeks x % Effort)

TOTAL = 11.0 WEEKS