



CLINICAL RESEARCH INSTITUTE
Phone: (806) 743-2222 • Suite BA-101

Application for Students Volunteering to Assist in Clinical Research

Complete this form and submit it to ClinicalResearch@ttuhsc.edu. Upon receipt, a meeting will be arranged to discuss with you the study possibilities and any requirements involved.

Name:	
School:	Graduating Year (<i>i.e., Class of 2016</i>):
Telephone number:	
Email address:	
Have you passed the CITI training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If <i>no</i> , please click here to complete the training: http://www.ttuhsc.edu/research/hrpo/irb/edurequirements.aspx	
What is your estimate of the time you have available each week for this activity? (You must be able to commit time to be successful in this activity.)	
Have you already arranged to work with a specific faculty member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: Name of Faculty Member:	
Department:	
Contact phone:	
Title of Project:	
If No: Department in which you would be most interested in working:	
Second choice:	
Third choice:	
In which type of study would you be most interested in being involved?	
Study with human subjects <input type="checkbox"/>	
Retrospective chart review <input type="checkbox"/>	

Please submit to: clinicalresearch@ttuhsc.edu