

CLINICAL INVESTIGATION ROTATION REQUESTS

RESIDENT NAME: _____

BLOCK REQUESTED DATES: _____

DEADLINE FOR SUBMISSION _____

- Residents are allowed to perform up to, but **no more than 2** clinical investigation rotations in the 3 year training period for ABIM eligibility.
- Out of Town clinical investigations will be approved **ONLY** if similar experiences are not available in the local community (Lansing area).
- A well developed research proposal must be submitted in addition to meeting other GMEI and Internal Medicine policies. Please refer to your GMEI Policy & Procedure Manual (Section 2 – Policy FP 06-07) Internal Medicine Residency Manual (Section 7, Resident Policies, page 81, Clinical Investigation Policy) and our website at <http://www.im.msu.edu/research/resourcesandpolicies.asp>
- All documents (including letters from mentors) must be submitted **no later than 10 weeks (16 weeks for out of town experiences)** prior to scheduled date of rotation for submission to the TEC (Training and Evaluation Committee) for approval. You **MUST** state in your request that you will have documented daily patient contact for in town rotations.
- You are expected to continue your continuity clinic for in town rotations.

Research Mentor Name: _____ **E-Mail** _____

Address _____

Phone: _____ **Fax:** _____

Any Prior CI rotations during Internal Medicine training program?

No _____ Yes _____ **Dates:** _____ **Location:** _____

If out of town clinical investigation, have any prior OOT rotations been completed?

No _____ Yes _____ **Dates:** _____ **Location:** _____ **N/A** _____

All documents submitted complete & prior to the 10 week (or 16 weeks for out of town experiences) deadline REQUIRED DOCUMENTATION:

- Research Proposal (must be approved by Key Faculty for Clinical Investigation) Date Received _____
- Mentor letter agreeing to supervise and evaluate rotation Date Received _____
- Description of daily patient contact (for Metro Lansing rotations only) Date Received _____

1. Documents received by deadline, and submitted to Key Faculty for Clinical Investigation for consideration.

Signature (Program Administrator) Print Name Date

2. Documents reviewed and approved for TEC consideration

Signature (Key Faculty for Clinical Investigations) Print Name Date

3. Documents reviewed and approved for TEC consideration

Signature (Program Director) Print Name Date

4. Notice of TEC approval sent to resident:

Signature (Administrative Assistant) Print Name Date