

Internal Medicine Residency Training Program Research Elective Proposal Form	
Resident Name:	
Resident Level:	
Block of Research Elective:	
Research Title:	
Research Supervisor:	
Division:	
Supervisor Email Address:	
Research Description:	
WHERE & WHEN do you plan to present your Research?	
Will REB approval be required to start the project?	

<p>If YES, please specify date of research protocol submission to REB:</p> <p>If NO, please explain why project doesn't require REB approval:</p>	
<p>Is there designated research space for your use during the research block?</p>	
<p>If YES, please specify where:</p>	
<p>Has anyone already worked on this project?</p>	
<p>If YES, who has worked on the project?</p>	
<p>If YES, what work has already been performed?</p>	
<p>Deliverables: With input from your supervisor, please outline exactly what parts of the project do you plan to accomplish during your research block (this will form a part of your evaluation, please be specific.</p>	
<p>Project Supervisor Signature:</p>	
<p>Resident Signature:</p>	
<p>Date of submission:</p>	
<p>Research Coordinator Signature:</p>	

Please submit completed form to the Department of Medicine Education Office – domeduration@lhsc.on.ca