

SUMMER RESEARCH STIPEND APPLICATION

Summer Research Overview

- Successful applicants for research projects at the School of Medicine will receive a stipend of \$2,500 for a minimum of 8 weeks of summer research.
- All recipients of research funds are required to present their work at the annual School of Medicine Scholarship Day during the fall semester immediately following the award of summer research support.
- Guidelines will be provided when stipend checks are dispersed.

Application Instructions

1. Please complete all required sections of the application.
2. Provide a brief but full description of the research project. The description must include the *hypothesis, background, experimental approach, method of data analysis and expected outcomes* and must clearly delineate *your role in the project*. Please attach additional documentation if need be.
3. Have the application reviewed and signed by the supervising primary faculty investigator
4. **Return the completed application to the Office of Student Affairs by February 15, 2019.**
Applications submitted after the deadline will not be considered.

Please complete **ALL** sections of the application. Please email medicine.students@hofstra.edu with any questions.

Section 1

NAME:

HOFSRA EMAIL ADDRESS

HOFSRA ID #

Section 2

PROJECT TITLE:

RESEARCH DATES: (minimum of 8 weeks)

RESEARCH LOCATION:

From: _____ To: _____

PRIMARY FACULTY INVESTIGATOR

RESEARCH APPROVAL STATUS

IRB Letter-Institutional Review Board (Office of the Human Research Protection Program)

PROJECT DESCRIPTION:

Please attach additional documentation including the project hypothesis, background, experimental approach, method of data analysis and expected outcomes, and must clearly delineate your role in the project. **Describe data collection methods and anticipated statistical analysis in detail.** Applications that do not include these will not be considered.

Section 3:

Please check off all boxes needed for EMR access, training, or security access purposes.

Please speak with your Primary Faculty Investigator to know which access request(s) you will need for the summer research project.

EMR ACCESS

- Allscripts (AEHR) - Out- patient medical records
- Sunrise (SCM) - In-patient medical records
- CVM/My Avatar- (Zucker Hill Hospital only)
- Remote Access- grants ability to log in from an off-site computer/ laptop
- Mosaiq
- Enterprise
- OrthoPACs
- Explorys

- Other: _____

TRAINING

- Citi Training
- RedCap Training
- Other: _____

SECURITY ACCESS LOCATIONS

- Long Island Jewish Medical Center
- North Shore University Hospital
- The Feinstein Institute for Medical Research
- Zucker Hill Hospital
- Other: _____

Are there any specific areas that you need access within these facilities (such as specific floors, operating rooms, etc.) ?

Section 4

STUDENT SIGNATURE: _____ DATE: _____

(To be completed by the primary faculty investigator)

Title First Name Last Name

Department

Email Address Telephone

I agree to supervise and mentor this student in the design, execution and any subsequent dissemination of the results of the research project described above. I understand that I agree to have the necessary resources and resource space to support this project and the success of my student advisee. I understand that the student will be responsible for presenting the research at the School of Medicine Scholarship Day in the fall semester, and agree to evaluate any work that they plan to submit for this event. I understand that the project title and authors will be listed on the School of Medicine website after completion.

INVESTIGATOR'S SIGNATURE: _____ DATE: _____

To be completed by the Office of Student Affairs & Student Research Advisory Committee:

Project approval: _____

Committee recommendations:

In-House Mentor: _____