

APPLICATION FOR RESEARCH HOSPITAL APPOINTMENT

Please complete the following from:

Title	
First Name	
Surname	
Date of Birth	
Home Address	
City/Prov/Postal Code	/ /
Home Telephone	
Cell Number	
Office Address	
Office Telephone	
Email Address	

Please check off which category/status applies to your position:

- Principal Investigators (PI):** *is the lead clinical/basic/nursing scientist or engineer for a particular well-defined science research project, such as a laboratory study or clinical trial. These are individuals who are not a clinician (MD) or employees of the KGH or HDH who work in research but instead have an affiliation with Queen’s University, St. Lawrence College or any other applicable Academic Institution.*
 - Queen’s
 - St. Lawrence College
 - Other, please specify: _____

- Research Support Staff:** *is an individual who provides research support services to the PI and overall research projects and initiatives. These individuals would likely be Queen’s Employees or employees of KGH, HDH or PC if their usual employment or appointment activities do not involve research.*
 - Research Assistant
 - Research Associate
 - Research Coordinator
 - Research Nurse/Allied Health Professionals (please specify: _____)
 - Project Coordinator
 - Project Leader
 - Research Analyst
 - Research Technician
 - Research Administrative Assistant

- Trainees:** *is an individual who is undergoing research training with a PI related to a scientific manner.*
 - Post-doctoral Fellows
 - Ph.D. students
 - Masters students
 - Medical students
 - Undergraduate students
 - Resident

Visitor, please specify: _____

1. Research Hospital Appointment required at: Hotel Dieu Hospital Kingston General Hospital

a) If both HDH and KGH, please indicate % time at each site: _____% HDH _____% KGH

2. Are you currently employed by Hotel Dieu Hospital or Kingston General Hospital at this time? Yes No

a) If so, what department do you work in? _____

3. Are you licensed: Yes No

College of Physicians and Surgeons of Ontario:

Educational Register # _____ Date _____

Permanent Register # _____ Date _____

Registered Nurse:

Registration # _____ Date _____

Allied Professional, please specify: _____

Registration # _____ Date _____

4. Other qualifications, education, university degrees (including dates):

5. Please provide full description of research project to be carried out:

6.

Start Date of Appointment	
End Date of Appointment or Renewable Term (Renewable July 1 yearly on approval by Department)	
If not the Principal Investigator, please provide the Name of the Principal Investigator who will supervise your work	
Hospital Department/Research Unit/Research Centre	

7.

	Yes	No
Does this work directly involve the treatment of patients by the applicant? <i>(Please note that if the applicant is a physician, he/she must be licensed in Ontario and show evidence of membership in CMPA or equivalent to be permitted to be directly involved in the management of patients.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Has HSREB or GREB approval been obtained?	<input type="checkbox"/>	<input type="checkbox"/>
Is the work affiliated with a Queen's teaching program?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently enrolled in a Hospital/University teaching program?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please identify:	<input type="checkbox"/>	<input type="checkbox"/>

I agree to abide by the by-laws, rules and regulations of the Hotel Dieu and Kingston General Hospitals, and other restrictions as defined on this application. *(Please find on KGH Internet and Intranet)* I will maintain the confidentiality of any information concerning patients that comes to my knowledge of possession with my Research Hospital Appointment

Date _____ Signature _____
APPLICANT

RECOMMENDATION OF PRINCIPAL INVESTIGATOR, DEPARTMENT HEAD & VICE-PRESIDENT OF HEALTH SCIENCES RESEARCH AND/OR HDH DIRECTOR OF RESEARCH

The proposed research project as outlined above has received approval through the Queen's HSREB or GREB. As Principal Investigator (if applicable) and Department Head, I recommend the above named to hold a Research Hospital Appointment.

Comments or Restrictions: _____

Hospital Department _____

Signature _____
 PRINCIPAL INVESTIGATOR (if applicable)

Date: _____

Signature _____
 DEPARTMENT HEAD

Date: _____

Signature _____ Date: _____
KGH VICE-PRESIDENT, HEALTH SCIENCES RESEARCH

Signature _____ Date: _____
HDH DIRECTOR OF RESEARCH

RECOMMENDATION OF HDH/KGH CREDENTIALS COMMITTEE

Comments or Restrictions: _____

Signature _____ Date: _____
CHAIR, HDH/KGH CREDENTIALS COMMITTEE

HOSPITAL APPROVAL

Signature for HDH _____ Date: _____
DIRECTOR, MEDICAL AFFAIRS

Signature for KGH _____ Date: _____
DIRECTOR, MEDICAL AFFAIRS