

NICER Authorization for Research Activities

A medical research experience, in which a student participates in basic, translational, clinical, or public health research under the direct supervision of a faculty research mentor, provides an opportunity to explore a research interest, cultivate a mentor relationship, build knowledge and skills, grow professionally and potentially contribute to the research literature. The faculty supervisor is responsible for assessing the student's level of experience and assuring that research experiences and any associated patient interactions are appropriate to the student's educational and development stage.

Research opportunities may be identified through the SOAR (Student Opportunities for Advancement in Research) database (www.soar.bcm.edu) where BCM researchers offer projects that include basic, translational, clinical research. Alternatively, students may identify research projects via direct contact with potential research mentors. Contact information is listed within the project page.

Students pursuing research activities outside of the parameters of NICER do so without the benefit of BCM malpractice coverage.

Student Information

Student Name: _____ BCM ID #: _____
 Email Address: _____ Year in School: MS1 MS2 MS3 MS4
 Date: _____ Other: _____

Research Information

Faculty Mentor/Sponsor Name: _____

Department: _____

Location of Research: (Check all that apply)

- Baylor Main Campus
- Baylor St. Luke's Medical Center/Baylor Clinics
- Ben Taub Hospital/ Harris Health Systems
- MD Anderson Hospital
- Michael E. DeBakey Veterans Affairs Medical Center
- Texas Children's Hospital and affiliated campuses
- Houston Methodist Hospital and affiliated campuses
- Other Institution*: _____

*If "other" is selected, attach a copy of the program information and/or letter from the proposed faculty mentor, including institution address, and mentor phone and email contact information.

Type of Research Experience: Basic Research Translational Research Clinical Research

How did you identify this research project?

SOAR Office/Database Direct Faculty Contact Other: _____

Is the faculty mentor/sponsor also the research supervisor? Yes No

If no, please identify research supervisor: Name: _____

Title: _____

Project Information

Title of Research Project: _____

Brief Description of Research (<100 words):

Estimated time commitment per week: _____

Estimated number of weeks/months: _____

Proposed start date: : _____ Proposed end date: _____

Required Research Training and Compliance

The Faculty Mentor is responsible for ensuring that medical student working under their supervision completes all training necessary to participate in the proposed research. Research mentors should designate specific training that the student will need to complete to participate in this research project.

- Lab Safety Training
- Radiation Safety Training
- Animal Research (CITI Training Required)
- Human Subjects Research (CITI Training Required)
- Other: _____

A NICER Authorization form must be submitted for all research activities, including case reports and chart reviews. Please note that case reports or case series describing more than three patients will likely require prior IRB review and approval. Contact ClinicalResearch@bcm.edu for more information. If research occurs outside of BCM or its affiliates, include a signed waiver (available on Blackboard), and route a copy of this form & all attachments to Risk Management, MS: BCM208.

By signing this form, the student acknowledges that he or she undertakes the SOAR activity at his or her own risk and agrees to hold BCM, its affiliates, its employees, and its contracted associates harmless for any injury or illness contracted while performing the SOAR activity.

Furthermore, the student agrees to the following conditions:

- Maintain enrollment as a BCM School of Medicine (SOM) student or a BCM SOM dual-degree student for the duration of the research activity
- Affiliate requirements can be found in the SOAR section on the NICER program page of the COSA Blackboard Organization.
- A completed NICER Research Authorization Form must be presented to the appropriate affiliate's badging office to obtain Identification as required by the NICER site.
- Undergo COVID screening procedures at the NICER site
- Use appropriate Personal Protective Equipment (PPE) in all interactions with patients and research subjects
- Abstain from the following:
 - Participating in clinical research or care if appropriate PPE is unavailable
 - Reporting for a research activity while experiencing symptoms suggestive of COVID-19 until cleared

by the BCM Office of Occupational Health

- Reporting for a research activity after exposure to an individual suspected of or confirmed as COVID-infected until cleared by the BCM Office of Occupational Health.

Student: _____
Signature Date

Faculty Sponsor: _____
Signature Date

Phone: _____ **Sponsor Email:** _____

Submit completed form, signed by student and faculty research sponsor with the required waiver to the Office of Student Affairs at stuaff@bcm.edu.

Research must not be initiated until approved by Student Affairs Dean.

TO BE COMPLETED BY THE OFFICE OF STUDENT AFFAIRS:

Immunizations complete: Yes No

Approval

Ofc of Student Affairs: _____
Signature Date

Title

When complete, this form should be emailed to:

- Student
- Faculty Mentor
- SOAR Office (SOARoffice@bcm.edu)