APPLICATION FOR RESEARCH HOSPITAL APPOINTMENT

Please complete the following from:

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<th>Title</th>
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<td>First Name</td>
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<td>Date of Birth</td>
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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?  
(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.) |  
Has HSREB or GREB approval been obtained? |  
Is the work affiliated with a Queen's teaching program? |  
Are you presently enrolled in a Hospital/University teaching program? |  
If so, please identify: |  

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_____________________________________

Date:___________________

PRINCIPAL INVESTIGATOR (if applicable)

_________________________  
Signature_____________________________________

Date:___________________

DEPARTMENT HEAD
Signature________________________________________                 Date:___________________
CHAIR, HDH/KGH CREDENTIALS COMMITTEE

HOSPITAL APPROVAL

Signature for HDH_______________________________                        Date:____________________
DIRECTOR, MEDICAL AFFAIRS

Signature for KGH______________________                        Date:____________________
DIRECTOR, MEDICAL AFFAIRS