

PHILADELPHIA COLLEGE of OSTEOPATHIC MEDICINE

4170 City Avenue, Philadelphia, PA 19131-1694

APPLICATION FOR ADMISSION TO CLINICAL MASTER of SCIENCE PROGRAM

Name _____ Social Security # _____
[Please Print]

Address _____

City State Zip

Phones: Home: (____) _____ Cell: (____) _____ Pager: (____) _____

OSTEOPATHIC MEDICAL EDUCATION

Institution _____ Year of Graduation _____

Address _____

City State Zip

RESIDENCY PROGRAM: _____

Year of Entry: _____ Anticipated Year of Graduation: _____

RESEARCH SITE

Institution _____

Address _____

City State Zip

RESEARCH TEAM (Please list name, degree, and title)

1. Principal Investigator: _____

2. Co-Investigator(s): _____

PROPOSED PURPOSE of PROJECT (Please also complete Page 3)

I HEREBY APPLY FOR ADMISSION TO THE CLINICAL MASTER'S PROGRAM.

Applicant _____ *Date* ___/___/___
Signature

Program Director: _____ *Date* ___/___/___

Mail to:

Dr. Frederick J. Goldstein
Director, Clinical Master of Science Program
Evans Hall – Office 337
Philadelphia College of Osteopathic Medicine
4170 City Avenue
Philadelphia, PA 19131-1694

For GME Office Only:

Approval _____ *Date* ___/___/___

If the investigation has been developed and includes the following, please attach a copy with this application. If not, please provide:

A. Background studies

B. Anticipated Outcome

C. Methods which include:

- 1) Type of procedure(s)
- 2) Inclusion and Exclusion criteria
- 3) Number of subjects needed for the study
- 4) Number of target patients treated at the applicant's institution
- 5) Randomization procedure if single or double-blind
- 6) Parameters to be measured
- 7) Duration of study

D. Consent Form