**MIDWEST CENTER FOR OCCUPATIONAL HEALTH AND SAFETY**

**EDUCATION AND RESEARCH CENTER (MCOHS-ERC)   
Pilot Projects Research Training Program**

**Compliance and Signature Form**

**The information provided here and in this application is correct to the best of my knowledge. I (we) agree to abide by all applicable institutional and sponsoring agency policies and procedures and to follow commonly accepted scientific practices in recording and maintaining records of research.**

*Human or Animal*

Does this research involve the use of human or animal subjects?

 Yes

 No

If yes, please complete the following:

Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name and Telephone of Approving Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTATION OF APPROVAL FOR HUMAN OR ANIMAL SUBJECTS APPROVAL MUST BE RECEIVED BEFORE FUNDING IS DISBURSED.**

*Other Approvals*

 Yes, this research involves radioactive substances, biohazards, or other hazardous materials

 No, this research does not involve use of radioactive, biohazardous, or other hazardous materials.

If yes, specify the nature of the hazard, whether approval has been granted and provide information on approval date, contact name and telephone for the approving body.

**IF YES, DOCUMENTATION MUST BE RECEIVED BEFORE FUNDING IS DISBURSED.**

Title of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Required if Researcher is a Student:**

Name of Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_