

TO: Ruth O'Hara, PhD
Senior Associate Dean of Research

RE: PI Waiver Request – **Clinician Educator Faculty**

Applicant Name, Degree:

Department/Division:

Stanford Position Title:

active full-time CE appointment
 pending full-time CE appointment*

Sponsor Name:

Sponsor Program:

Proposal/Study Title:

Hospital/clinic where research will be conducted (mark all that apply):

SHC LPCH CPMC John Muir El Camino CCSouth Bay Other _____

Dr. O'Hara:

We are requesting a PI waiver for Dr. _____ for the above referenced proposal. [The applicant must have a **full-time appointment** as Clinical Professor, Clinical Associate Professor, or Clinical Assistant Professor (Clinical Instructors are not eligible)].

- 1) *Provide justification or explanation regarding the candidate's qualifications to direct the project;*
- 2) *Attach the scope of work that includes:*
 - *Detailed description and specific aims of the study. If Stanford is receiving funding under a subcontract, outline the overall study goals and the specific responsibilities/scope of work for Stanford.*
 - *An explanation of how the project directly impacts clinical care. For example, if animal research, please detail the animal to be used and how the research is proximal to clinical care.*

* **NOTE:** if your CE appointment is currently pending, attach an email from SoM Academic Affairs confirming the full-time CE appointment is pending and the expected start date. Any approval of this PI waiver would be with the understanding an award will not be accepted until the appointment is final.

Do not submit a PI waiver request to Dr. O'Hara directly. Submit to RMG for their initial review. RMG will obtain Dr. O'Hara's final approval and signature.

Dr. _____ will be conducting this work in existing space and does not require additional resources from the School or hospitals. The department will provide resources needed for the duration of the award.

By signing this waiver request the Chair attests that the candidate has completed all appropriate University PI training and will not mentor graduate students as part of this project.

We also affirm that the project:

- will be conducted in accord with the standards of excellence of the University;
- meets the NIH definition for clinical research;
- meets a defined programmatic need;
- does not require incremental space; and
- is term limited.

Signature: _____

Date:

Dr. _____, Division Chief*

*If required by your department

Signature: _____

Date:

Dr. _____, Department Chair

**Department Attachments:**

Applicant's Biosketch
Scope of Work, Protocol or Project Description
Program Guidelines

RMG Use Only:

Signature: _____
Dr. Ruth O'Hara, Senior Associate Dean for Research

Date:

SeRA PIF, PDRF or SPO# _____