**Experiential Learning Opportunity for Medical Students (ELO-MS)**

**Program Registration Form**

**Instructions**: Medical Student Researcher – complete and return form to the Medical Staff Faculty Member or Administrator in Division in which you will be participating.

Medical Student Researcher Name: Click or tap here to enter text.

UC College of Medicine Badge ID #: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Sponsoring Faculty/Medical Staff Member: Click or tap here to enter text.

Department/Specialty: Click or tap here to enter text.

Expected Project start/end dates Click or tap here to enter text.

Research Project Title/Description:

Click or tap here to enter text.

Attach CV

Attach Personal Statement: (not to exceed 700 words) addressing the following:

 Why are you interested in this research project?

 State your goals as a student if selected for this research project.

 Share previous research experience if any.

Please Sign next page

**Confidentiality and other Commitments**

Cincinnati Children’s Hospital Medical Center (CCHMC) has a legal and ethical responsibility to safeguard patient privacy and protect the confidentiality of their protected health information (PHI). I understand that I share in that responsibility. During my ELO at CCHMC, I may see, overhear, access, or temporarily possess PHI.

I understand that PHI must be maintained in confidence and not be disclosed. As a condition of my participation in the ELO program, I agree that I will not - during or after my ELO - use, disclose, or share PHI with anyone for any purpose other than as specifically and legitimately program-related. I will not attempt to inappropriately access PHI under the ownership or control of CCHMC.

I understand that I may participate in the ELO-MS only while an actively-enrolled medical student at the University of Cincinnati College of Medicine (UC-COM).

I will abide by CCHMC lab and safety protocols and will complete any necessary training or safety modules.

I will devote a maximum of 10 hours per week to the ELO-MS.

I only will use EPIC to access that is essential and authorized for my ELO-MS research.

I understand and agree that the ELO-MS is an **unpaid, limited educational experience for which I am volunteering**, that is provided for my benefit, and that is not intended to result in my employment with CCHMC.

I understand that a violation of this agreement or patient confidentiality may result in personal civil and/or criminal penalties.

I will follow applicable CCHMC and UC-COM policies during the ELO and will return my badge and any other CCHMC property when my ELO ends. (Failure to return the badge will result in forfeiture of the badge fee; use of an expired badge is prohibited.)

I only will participate in the Program while free from infectious disease.

If I have questions or concerns about any aspect of my ELO, I will promptly raise them with ELO-MS Program Director Amy Guiot, MD, at CCHMC (amy.guiot@cchmc.org).

I agree to conduct myself in a responsible and professional manner during my ELO at Cincinnati Children’s Hospital Medical Center. I release, discharge, and agree to hold harmless CCHMC, related entities, and each of their respective officers, directors, employees, and agents from and against all claims, liability, or damages that may arise out of my actions during an ELO experience. I understand that the ELO may be paused or ended at any time and for any reason by CCHMC or me.

**READ, UNDERSTOOD, AND AGREED**:

(Please use the draw tab to sign with the pen)

**Date** Click or tap to enter a date.