TO: Harry Greenberg, MD

 Associate Dean of Research

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

**Applicant Name, Degree:**

**Position Title:**

**Department Name:**

**Appointment is** [ ]  **Full-Time** [ ]  **Part-Time**

**Appointment End Date:**

**Sponsor Name:**

**Sponsor Program:**

**Proposal Title:**

Dr. Greenberg:

We are requesting a PI waiver for Dr. \_\_\_\_\_\_\_\_\_\_ for the above referenced proposal. Dr. \_\_\_\_\_\_\_\_\_\_ holds a *“Full Time” or “Part Time* appointment as a *Clinical Assistant, Clinical Associate, or Clinical Professor*.

*The Department Chair confirms that the proposed PI:*

1. *has the requisite qualifications to direct the project;*
2. *has completed all appropriate University PI trainings; and*
3. *will not mentor graduate students*

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.

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

***RMG Use Only:***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Dr. Harry Greenberg, Associate Dean for Research

SeRA PIF, PDRF or SPO# \_\_\_\_\_\_\_\_\_\_