TO: Ruth O’Hara, PhD

Senior Associate Dean of Research

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

**Applicant Name, Degree:**

**Stanford Position Title:**

**Department/Division:**

**Appointment is**  **Full-Time**  **Part-Time**

**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. Dr. \_\_\_\_\_\_\_\_\_\_ holds a *[“Full Time” or “Part Time]* appointment as a *Clinical Assistant, Clinical Associate, or Clinical Professor*.

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 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.*

1. *If the CE applicant’s appointment at Stanford is less than 100% FTE, provide an explanation/reason for part-time position (e.g. family responsibilities, part-time position at another institution/organization/company, etc)*

*ALL ATTACHMENTS (listed below) SHOULD BE ATTACHED AS A SINGLE PDF BEFORE SUBMITTING TO RMG*

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

Dr. Ruth O’Hara, Senior Associate Dean for Research

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