

REQUEST TO ENGAGE IN EXTRAMURAL RESEARCH ACTIVITY

I understand that the Vanderbilt-Department of Veterans Affairs Internship in Professional Psychology (the Consortium) and its member institutions assume no responsibility for my actions in connection with the research activity listed below. It is my responsibility to so inform the organizations, institutions, and professional who are involved with me in this activity. I will provide these organizations, institutions, and professionals with a duplicate copy of this form and I will make no representation which might lead those organizations, institutions, and professionals, or research subjects to believe otherwise. While engaged in the activity below, I will not use or wear any items which identify me as affiliated with the Consortium or its member institutions nor will I permit any parties with whom I am associated in this activity to represent me as so affiliated. In the event of time conflict between internship and non-internship responsibilities, internship responsibilities will always take precedence.

Separate from my responsibilities as a Consortium Intern, I request approval to engage in the following research activity:

Principal Investigator
Principal Collaborators
Mailing Address
Phone Number
Sponsoring Institution
Location at which research will be performed
Institutional Review Boards which have reviewed activity
Approved by dissertation committee at your home university department? <input type="checkbox"/> Yes <input type="checkbox"/> No
Inclusive Projected Dates of Research Activity
Projected Hours Devotes to Activity (e.g., Wednesdays 5:30 – 8:00 PM)

(attach separate sheet if necessary, if this is a project approved by your dissertation committee attached copy of proposal).

I understand that any liability or workman's compensation insurance provided by the Consortium and/or its member institutions does not cover any extramural employment situation.

Printed Name	
Signature	Date
Signature of Extramural clinical activity supervisor	Date

APPROVED:

(Signature of Primary Placement Representative)

(Date)

(Signature of Consortium Director)

(Date)