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www.arrowheadmedcenter.org

ARROWHEAD REGIONAL MEDICAL CENTER

The Heart of a Healthy Community

Research Assistant Availability Form

Date: _____

Check your role:

- ☐ **Attending Physician**
- ☐ **Medical Student**
- ☐ **MPH (Master of Public Health) Intern**
- ☐ **PhD (Doctor of Philosophy)**
- ☐ **RN (Registered Nurse)**
- ☐ **Resident**
- ☐ **Undergraduate Student**

Name: _____ **School: _____**

Email: _____ **Year of Study: _____**

Phone: _____ **Time Frame/Availability: _____**

Research Interests: _____

_____

_____

Notable Research Experience/Publications (If none, put N/A):_____

_____

_____

Research Proposal (if applicable):_____

_____

_____

_____

Attach Curriculum Vitae (CV)

SUBMIT COMPLETED FORM TO:

Office of Research & Grants (ORG) | Office: (909) 580-6263 | Fax: (909) 580-6286 | Email: ARMC-IRB@armc.sbcounty.gov