

**The University of Texas Health Science Center at San Antonio School of Nursing
RESEARCH TRACKING CERTIFICATION**

I, _____ request permission to conduct my
(please print)
study _____ which includes faculty ___ students ___ staff ___ at the
University of Texas Health Science Center at San Antonio School of Nursing. I agree to comply with the
"Research Policies" in effect at the School of Nursing including provision of a copy of results to the Associate
Dean for Research for the School's use.

My study will take place from _____ thru _____. I understand that I may begin this study when the
signature(s) of all people required have been obtained and a copy is filed in the Office of Nursing Research and
Scholarship.

I. SIGNATURE OF INVESTIGATORS

Principal Investigator	Date	Co-Investigator	Date
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Co-Investigator	Date	Co-Investigator	Date
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Co-Investigator	Date	Co-Investigator	Date
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II. SIGNATURE OF ADMINISTRATIVE PERSONNEL AT THE SCHOOL OF NURSING

This protocol meets the requirements of a sound protocol and adequate protection of the rights of subjects.

Associate Dean for Research	Date	Vice Dean of Faculty Affairs and Diversity	Date
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Associate Dean of Finance (if required)	Date	Dean	Date
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III. SIGNATURE OF FACULTY MEMBERS FACILITATING RESEARCH *

Faculty	Date	Faculty	Date
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Faculty	Date	Faculty	Date
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Faculty	Date	Faculty	Date
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*Faculty facilitating research include those who agree to let an investigator use class time for advertisement or other research activities and those who agree to distribute or collect research instruments or data.