University of Puerto Rico School of Dental Medicine

AUTHORIZATION FOR RESEARCH PROJECTS

Date: Month/Day/Year	Name of principal investigator (PI): (Must be a faculty member)	
Name of applicant: □ Student □Faculty □Other: _____	PI'S SIGNATURE _____ Email:	Phone number:
Project title:		
Objectives		
Abstract		
Significance		
□ new IRB application	□IRB renewal . IRB approval #:_____ Expiration date: / / Month/Day/Year	

AUTHORIZED SIGNATURES

The School of Dental Medicine approves and endorses the project and is committed to collaborate to allow the accomplishment of the objectives. This support is subject to the continuous compliance of the institution's regulations and human rights at all times.

Privileges and access to:

□students and/or their information □faculty and/or their information □patients and/or their information

□use of facilities □other (please specify):

_____	_____	
Dr. Augusto R. Elías Boneta Assistant Dean of Research	Dr. Mitzy Perez Velazquez Associate Dean, UPR-SDM	Dr. Lindanyr Arroyo Calixto Assistant Dean for Clinical Affairs
Email: augusto.elias@upr.edu Tel.: (787) 758-2525, ext. 1139 Office: A-141-E	Email: mitzy.perez@upr.edu Tel.: (787) 758-2525, ext. 1111 Office: A-104	Email: lindanyr.arroyo@upr.edu Tel.: (787) 758-2525, ext. 1117 Office: A-149