



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:	PI'S SIGNATURE _____	
<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Other: _____	Email:	Phone number:
Project title:		
Objectives		
Abstract		
Significance		
<input type="checkbox"/> new IRB application	<input type="checkbox"/> 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: <input type="checkbox"/> students and/or their information <input type="checkbox"/> faculty and/or their information <input type="checkbox"/> patients and/or their information <input type="checkbox"/> use of facilities <input type="checkbox"/> other (please specify):		
_____ Augusto Elías-Boneta, DMD, MSD, DHC Assistant Dean of Research	_____ Dr. Mitzy Perez Velazquez Associate Dean, UPR-SDM	
		_____ Dr. Lindanyr Arroyo Calixto Assistant Dean for Clinical Affairs