

**APPLICATION FORM FOR THE**

**GRANTING, RENEWAL OR RECOGNITION OF RESEARCH PRIVILEGES**

Any person, including any physician, pharmacist or dentist, who wants to conduct a research project at the Centre intégré de santé et services sociaux (CISSS) de Laval or a facility under its authority must hold research privileges (or “researcher status,” for a researcher who is not a member of the CPDP) at this centre. To obtain research privileges from the CISSS de Laval, you must demonstrate that you have the appropriate skills and knowledge to conduct research projects to ensure the safety and integrity of the subjects taking part in the study.

**INFORMATION**

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| Last name: |  |
| First name: |  |
| Work address: |  |
| Phone: |  |
| Email: |  |

**APPLICANT STATUS**

[ ]  Member of a professional order in Quebec

Order name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Member of the Council of Physicians, Dentists and Pharmacists (CPDP) of the CISSS de Laval

[ ] Practitioner researcher:*Sponsored by a researcher who holds research privileges at the CISSS de Laval*

[ ] Student: *Sponsored by a researcher who holds research privileges at the CISSS de Laval*

[ ] Currently holds research privileges at a network institution, university or college elsewhere in Canada

[ ] Professor at a university institution

[ ]  Other status at a Quebec university

 Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other

 Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REQUEST TYPE**

[ ]  Granting of research privileges (complete Section 1)

[ ]  Renewal of research privileges (complete Section 2)

[ ]  Recognition of research privileges granted by a network institution or university (complete Section 3)

[ ]  Recognition of research privileges of the sponsoring researcher for a student or practitioner researcher (complete Section 3)

**Section 1 – Granting of research privileges**

**Provide the following documents:**

[ ]  Up-to-date CV including a list of your research activities

[ ]  Attestation of research ethics training given by the Ministère de la Santé et des Services sociaux:[[1]](#footnote-1)

* Level 1
* Level 3: Modules 3.1 and 3.2
* or equivalent training (e.g., attestation that you have taken the [TCPS2](https://tcps2core.ca/welcome) **or** [CITI Collaborative Institutional Training Initiative](https://about.citiprogram.org/en/series/human-subjects-research-hsr/) tutorial)

**Additional documents to provide for a clinical trial:**

[ ]  Attestation of research ethics training given by the Ministère de la Santé et des Services sociaux:1 Level 3, Module 3.3 (the equivalent training listed above include this attestation)

[ ]  Attestation of Good Clinical Practice (GCP) training[[2]](#footnote-2) (or equivalent training)[[3]](#footnote-3)

[ ]  Attestation that you have read the Standard Operating Procedures (SOP)[[4]](#footnote-4) for the facility where the research activities will take place

[ ]  Attestation of **Health Canada Division 5 – Drugs For Clinical Trials Involving Human Subjects** of Citi Program[[5]](#footnote-5) (or equivalent training).

***All training courses must be completed before the start of any new research project.***

***Send to :*** ***guylaine.charest.cissslav@ssss.gouv.qc.ca.***

**Section 2 – Renewal of research privileges**

**Provide the following documents:**

[ ]  Up-to-date CV including a list of your research activities

**Additional documents to provide for a clinical trial:**

[ ]  Attestation of Good Clinical Practice (GCP)2 training (or equivalent training)3

[ ]  Attestation that you have read the Standard Operating Procedures (SOP)4 for the facility where the research activities will take place

**Section 3 – Recognition of research privileges**

[ ]  For students or practitioner researchers, you are sponsored by a researcher who holds research privileges with the CISSS de Laval

* Attach proof of the research privileges of the researcher (sponsor)

If you are a student

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] You hold research privileges from another institution in the network

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Attach a copy of the letter confirming your granted privileges

[ ] You are a professor at a university institution and therefore have implied research privileges

 Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Attach a copy of the attestation of research ethics training given by the Ministère de la Santé et des Services sociaux (refer to section 1 if needed)

**RESEARCHER'S COMMITMENT**

I, the undersigned,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to:

* Maintain up-to-date and appropriate knowledge of research and knowledge of standards relating to research ethics and integrity.
* Respect the generally applicable standards of research ethics and integrity and the reference framework at the CISSS de Laval.
* Ensure that the members of my team have the required research skills.
* Abide by the decisions of the REB that approves and monitors the ethics of its research projects.
* Respect the terms and conditions set by the CISSS de Laval for obtaining authorization to act as a member of a research team for research under the responsibility of another researcher that is not conducted under the institution’s authority.
* Notify the relevant authorities of any investigation or sanction that may have been imposed on me in relation to a research project.
* Consent, in writing, that information identifying me regarding substantiated allegations of a breach of responsible research conduct may be disclosed to the appropriate authorities.

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Signature of applicant Date (DD - MM - YYYY)

**SECTION RESERVED FOR THE CPDP Not applicable** [ ]

After evaluating the request, we recommend:

[ ] Granting research privileges, as requested

[ ] Recognizing research privileges, as requested

[ ] Granting research privileges with the following conditions and/or comments:

[ ] Other recommendations:

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Dr. Jacques Morais, Chair of the CPDP Date (DD – MM – YYYY)

**SECTION RESERVED FOR THE DUTR**

After evaluating the request, we recommend:

[ ] Granting research privileges, as requested

[ ] Recognizing research privileges, as requested

[ ] Granting research privileges with the following conditions and/or comments:

[ ] Other recommendations:

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Alex Battaglini, Administrative Director of the DUTR Date (DD - MM - YYYY)

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| **Submit your application to the Directorate of University Teaching and Research (DUTR) of the CISSS of Laval by e-mail at:****guylaine.charest.cissslav@ssss.gouv.qc.ca** |

1. [Research ethics training – MSSS](https://www.msss.gouv.qc.ca/professionnels/ethique/ethique-de-la-recherche/formation/) [↑](#footnote-ref-1)
2. [Good Clinical Practice Training – Citi Program](https://about.citiprogram.org/en/series/good-clinical-practice-gcp/) [↑](#footnote-ref-2)
3. [Good Clinical Practice Training – NIH](https://gcp.nidatraining.org/) [↑](#footnote-ref-3)
4. <http://www.lavalensante.com/enseignement-et-recherche/recherche/faire-de-la-recherche-au-cisss-de-laval/modes-operatoires-normalises-mon/> [↑](#footnote-ref-4)
5. <https://about.citiprogram.org/en/homepage/> [↑](#footnote-ref-5)