

## Program for Research Initiated by Students and Mentors (PRISM)

### Mentor Declaration Form

*Deadline: March 20, 2023, 11:59 p.m.*

Program Website: <http://www.medschool.umaryland.edu/osr/PRISM>

This form must be completed by each mentor or co-mentor and submitted by the deadline.

Please download the form onto your computer before completing the form.

<b>Student Last Name</b>		<b>First Name</b>	
<b>Research Mentor Last Name</b>		<b>First Name</b>	<b>MI</b>
<b>Degrees</b>	<b>Title</b>		
<b>Department</b>		<b>Email</b>	
<b>Division</b>		<b>Phone</b>	
<b>Institution</b>		<b>Address</b>	
<b>Role</b>	<b>Main Mentor Name (if Co-Mentor)</b>	<b>City, State, Zip Code</b>	

1. I have carefully reviewed the Student's Research Plan describing the proposed research project. I believe it constitutes a realistic and beneficial short-term research experience for the Student.
2. I agree to be the PRISM mentor or co-mentor for the Student and agree to the following if the Student is selected for the Program and accepts the position.
  - a. I will mentor and provide direct supervision of the Student and the proposed research project for the program period.
  - b. I understand that the Program does not provide for supplies. I will make adequate arrangements for the provision and availability of any necessary supplies, equipment, resources, and facilities.

c. I will contribute the following amount toward the stipend for the Student. I have read the "Mentor Contribution Toward Stipend" section of the [program details webpage](#), and I understand how mentor contribution would affect the Student's stipend.

**Mentor Contribution**

d. I will provide the Program with a brief written evaluation of this student's performance within 30 days of completion of the student's project (relevant form will be provided by the Program).

3. I have verified that the proposed research project and the Student's participation in the project complies with the necessary regulations and standards in the following relevant areas. (Please check all applicable areas and provide relevant protocol numbers).

**Human participants/data**      **IRB Protocol Number**

**Animal subjects**      **IACUC Protocol Number**

**Hazardous materials**

A copy of the current IRB or IACUC approval letter for the relevant protocol covering the program period must be submitted to the Program. If the protocol falls under an exempt category for IRB review or does not require IRB review, the IRB determination letter must be provided. If appropriate according to IRB or IACUC requirements, the Student must be added to the relevant protocol.

1. For existing IRB or IACUC protocols with current approval covering the student's research period, the approval letter must be submitted by the Program application deadline.

2. For protocols pending approval or continuing review, proof submission for IRB review must be provided by application deadline, and the approval letter must be submitted by Noon on Friday, April 21, 2023.

3. For protocols expiring during the summer, proof of submission for renewal must be provided by Noon on Friday, April 21, 2023, and the approval letter must be submitted before the expiration date.

If the relevant IRB or IACUC documentation are not provided by the applicable deadlines, the Student not might not be considered for the Program or may be removed from the Program.

**Faculty Name**

**Date**

*NOTE:* Please review the form and save the completed form before submission.

Please submit the completed form through the [Mentor Documents Submission Form](#), along with the Mentor Biosketch.

Note on PDF Software: It is highly recommended that you use Adobe Acrobat or Adobe Reader to complete the form.

Adobe Reader is available for free at the [Adobe Reader website](#).