

Required Signatures

Please print out a hard copy of this signature form and arrive at your first QHS meeting with the principal investigator's and their section chief's signature already obtained.

Project Title: _____

I agree to acknowledge the assistance of the section of Quantitative Health Sciences on all products of this project and to list the faculty or staff as authors on all products of this project if the level of their work meets the guidelines for authorship.

Principal investigator: _____ **Date:** _____

Principal investigator's section chief acknowledges the request for project assistance from the section of QHS.

Section chief: _____ **Date:** _____

Is this a nursing research project?

- No (if no, signature from director of Advanced Practice Nursing & Research is not needed)
- Yes (if yes, please have the director of Advanced Practice Nursing and Research sign below to acknowledge the request to work with the section of QHS)

Director, Advanced Practice Nursing & Research: _____ **Date:** _____

This section will be signed after your first meeting with QHS:

QHS section chief approval of request for project assistance by the section of QHS.

Section chief, Quantitative Health Sciences: _____ **Date:** _____