	le Island Depart ical Research Ao	ment of Correctio	ns			
	RESEARCH APPLICATION FORM					
Date of Application	n:					
Project Title:						
Project Short Title:		d as a reference in all fu	+			
	The to be use	u as a reference in an fu	ture correspond	Jence		
Principal Investigat	or: Name, Title					
Phone #:			Email:			
Key Contact:	me, Title					
Phone #:			Email:			
Estimated Comple	tion Date:					
RIDOC Facilities/U	nits Involved in F	Project: (check all th	at apply)			
□ High Security		Intake Service Cen		Maximum Security		
□ Medium Secu	rity 🗆	Minimum Security		Women's Facility		
Probation		Parole		Home Confinement		
Please provide the	following inform	nation with your ap	plication:			
Abstract	Abstract Questionnaires					
• •	B Application	Copy of IRB Approval				
Funding source/funds availability						
Names of individuals requesting RIDOC security clearance/badges Completed Confidentiality Pledges						
	mber of patients					
	-		•	nust be filed with the Medical		

Program Director/MRAG and the Administrator of Planning & Research. All correspondence and questions regarding this process should be directed to:

Medical Program Director Medical Research Advisory Group Rhode Island Department of Corrections 39 Howard Avenue Cranston, RI 02920 Phone: (401) 462-1115 Fax: (401) 462-2000 Administrator, Planning & Research Planning & Research Unit Rhode Island Department of Corrections 18 Wilma Schesler Lane, Dix Bldg., 1st Floor Cranston, RI 02920 Phone: (401) 462-3920