



Application for Clinical/Interprofessional Scholarly Work

Clinical Scientific Review Committee

Name: _____ Role at Baptist Health: _____

Role during project: Student Leader Team Member

Project: Research Evidence Based Practice Quality Improvement Presentation/
Publication Review

Scope: Unit Based Multi-Unit Hospital Wide System Wide

Please list: _____

Permissions Granted by Baptist Leadership:

Manager: _____ Director: _____ Other: _____

School information if applicable: List school: _____

Project Chair: _____ Phone number: _____ Email: _____

Received approval from Graduate Medical Education (GME) office: Yes No; contact Stephanie.Collins2@bmcjax.com

Description of the purpose, practice or process change, clinical intervention(s), and measureable outcomes. Or attach full proposal to email.

How does this project align with hospital or system level goals?

What is the proposed project timeline?

List data needed for collection. _____

Who will collect this data? _____

Are funds needed for this project? If so, estimate the cost. No Yes: _____

What will be shared outside of the organization? In what format? Will the organization be named? (If yes, final presentation must be resubmitted to the Clinical Scientific Review Committee for review.)

When complete, email form to Amanda.Brown@bmcjax.com

*The project application will be reviewed by the Clinical Scientific Review Committee. Please allow two months for the application review process.