## Argosy University San Francisco Bay Area Campus

999 A Canal Blvd., Point Richmond, CA 94804 Phone: 510-215-0277 Fax: 510-215-0299

## REQUEST FOR SERVICE ON A CLINICAL RESEARCH PROJECT COMMITTEE

Name of candidate		Date	_
I hereby request that you cons	sider serving on my Clinical Resear	ch Project committee as (choose one):	
CHAIR	READER		

If you agree to serve on this committee, you will be expected to make a commitment of service until the Clinical Research Project is complete.

All committee members serving on Clinical Research Project committees must comply with the following guidelines:

- All committee members must have doctoral degrees;
- All committee members must also have a minimum of three years of field or research experience related to their degree after they have obtained their degree;
- All committee members must have been active in their field of scholarship within the five year period preceding their participation on the committee;
- A minimum of 50% of the committee members serving on a candidate's committee must have degrees conferred by an accredited institution recognized by the U.S. Department of Education.

It is the responsibility of the chair to guide the candidate through the entire process, which includes:

- Assistance with completion of the proposal;
- Conducting periodic consultations with the candidate and other committee members, when appropriate;
- Assisting the candidate in the meeting AU requirements (e.g. preparation of "Candidate Progress Report" forms);
- Approval of the various sections and drafts of the Clinical Research Project;
- Attendance at the Oral Defense presentation, and any other meetings deemed necessary by the candidate and/or the committee

In conjunction with the chair, the reader is involved in providing guidance in the interpretation of the candidate's research findings. Reader is specifically responsible for ensuring that the following aspects of the Clinical Research Project are completed properly:

- The literature review is complete and is appropriately interpreted;
- The problems are will defined;
- The hypothesis(es) or research question(s) is well stated; and
- The analytic procedures are appropriate to the study.
- Attendance at the Oral Defense presentation, and any other meetings deemed necessary by the candidate and/or the committee.

The topic of my Clinical Research Project is (title):				
A brief description of the research problems and methods of inquiry I intend to use in conducting this research (a on-to-two page prospectus may serve as the description):				
If you are willing to some an my Clinical Passarah Project committee where a committee and sing the account of				
If you are willing to serve on my Clinical Research Project committee, please complete and sing the accompanying "Acceptance of Service on a Clinical Research Project Committee" form and return it to the Argosy University, attn: Carl Word				

Thank you for your consideration of this matter.

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## ACCEPTANCE OF SERVICE ON A CLINICAL RESEARCH PROJECT COMMITTEE

Date:		_		
Doctoral candidate's nam	ne:			
Proposed title of Clinical	Research Project:			
responsibilities as a comm	nittee member will inc cheduled as needed by	clude attending the student	at committee. I understand that my ng the Oral Defense meeting and other informal as well as providing consultation to the student	
I will provide ser	vice as (choose one) o	on this studer	nt's Clinical Research Project:	
□ CHAIR		□ READER		
I (choose one) □	AM	M NOT cur	rently serving on the faculty of ASPP.	
Please note: If you are no current vitae for approva	al by the Clinical Rese		ember at AU, you must <b>submit a copy of your</b> r.	
Mailing Address				
City		State	Zip	
Office phone #		_		
Social Security #				
Degree obtained	Date received		Institution and Field of Study	
Type of License	License #		Date received	

Malpractice Insurance Carrier: _		
I have a minimum of three years	of field or research expe	rience related to my degree:
	yes	no
I have been active in the field of	scholarship for which my	y degree was awarded within the last five years:
	yes	no
My doctoral degree has been aw Education:	arded by an accredited in	stitution recognized by the US Dept. of
	yes	no
		ting a dual relationship with the doctoral hical Principles of Psychologist and Code of
	yes	no
Committee member signature		Date
Service on Clinical Research Pa	roject Committee approve	ed by:
Carl Word, Ph.D.		Date

Chair of the Research Committee