Acknowledgement Form

Acknowledgement Form for Health Services and Outcomes Research (HSOR) graduate students

As an entering graduate student, I agree to review the policies and procedure of the HSOR PhD Program at http://pharmacy.hsc.wvu.edu/department-of-pharmaceutical-systems-and-policy/phd-program-in-health-services-and-outcomes-research/. I understand that I may seek discussion and clarification of these documents from the HSOR Program Director in the School of Pharmacy. Please be sure to review these specific policies and sign each statement below.

Name: (printed or typed)_____Date:_____

The HSOR and the WVU Health Science Center.

I have read and understand the information related to the PhD program in HSOR in the School of Pharmacy at the WVU Health Science Center; both the information at this website and on-line catalogs and policies to which this handbook refers. These include but are not limited to:

- WVU Graduate Catalog (http://catalog.wvu.edu/graduate/), and
- Campus Student Code (http://campuslife.wvu.edu/office_of_student_conduct).

I agree to abide by the requirements outlined in this document as well as the University requirements governing these degrees.

Signature:_____

Academic and Professional Standards

I pledge to adhere to the Academic and Professional standards for graduate students (http://pharmacy.hsc.wvu.edu/department-of-pharmaceutical-systems-and-policy/phd-program-in-health-services-and-outcomes-research/current-students/academic-professional-and-department-standards/) and to maintain the highest standard of scientific integrity in all that I do.

Signature:_____

Federal, State, and University Requirements and Institutional Requirements for Date Use Agreement/ Responsible Conduct of Research

I agree to adhere to all Federal, State, University, and my specific Data Use Agreement policies and requirements for the conduct of my research. I will remain up-to-date on all training certifications for both patient data use and the responsible conduct of research.

Signature:_____