Graduate Program in Pharmaceutical Sciences

Change of Track to the Clinical Pharmaceutical Scientist Program

Name of Student: ____________________________________________________________

Name of Advisor: __________________________________________________________

Name of Co-advisor: _________________________________________________________
(If Applicable)

This document requests entry of ____________________________________________ into the Clinical Pharmaceutical Scientist program and acceptance of the curricular requirements of this graduate program track. Specifically, I/we understand that the Clinical Pharmaceutical Scientist program has the following specific curricular requirements in addition to coursework and that I/we accept the responsibilities thereof:

- **Comprehensive exam:** Students must propose a clinical study and address human subject protections in their written proposal. The comprehensive exam committee asks questions during the oral examination which will test the student’s ability and knowledge in the responsible conduct of clinical research.

- **Conducting clinical research:** Students must conduct research that meets the NIH definition of clinical research: "Research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual. Patient-oriented research includes: (a) mechanisms of human disease, (b) therapeutic interventions, (c) clinical trials, and (d) development of new technologies".

- **Investigator on an IRB-approved protocol:** Students must serve as an investigator on an Institutional Review Board (IRB)-approved protocol and are encouraged to serve as Principal Investigators with faculty oversight in accordance with University of Pittsburgh IRB policies.

Signature of Student: _______________________________________________________

Signature of Major Advisor: ________________________________________________

Signature of Co-advisor: ____________________________________________________

Approval and Certification:

__________________________________________________________
Samuel M. Poloyac, PharmD, PhD
Associate Dean for Graduate and Postdoctoral Programs

Date