



Clinical Research Application

For Spring 2017

Program Description

Clinical research skills and knowledge are used in research sites such as medical centers and hospitals, pharmaceutical, device or biotechnology companies, or in contract research organizations.

Foundations of Clinical Research at PCC Institute for Health Professionals will prepare you to assist investigators and clinical researchers in the initiation, administration, coordination, and management of clinical research trials for the development of new drugs, devices, biologics and treatment regimes.

Time:

- 5 months
- 60 hours of live online instruction
- Online class held Thursdays, 5 - 8 pm PST, unless otherwise noted.

Tuition:

- \$1,199

Tuition is due at time of registration. Alternatively, students may set up a 5 month payment plan with the Portland Community College Business Office by calling 971-722-4234, option 3, or visiting pcc.edu/enroll/paying-for-college/tuition/ways-to-pay/payment-plans.html.

Dates to Remember

Applications Due:

March 27, 2017

Anyone interested in applying after the due date can contact Amy Evans for special consideration.

Course Begins:

April 13, 2017

Send Application Materials

Mail, deliver, fax, or email your complete application packet to:

Attn: Amy Evans, Clinical Research
PCC Institute for Health Professionals
1626 SE Water Avenue, Room 114
Portland, OR 97214

amy.evans3@pcc.edu | 971-722-6672

Fax: 971-722-6632

Late or incomplete applications will not be accepted.



Clinical Research Application Packet Checklist

Required Application Information

Please provide the following as part of the application packet and process:

- ☐ Registration form (Page 3), completed and signed. Make sure you provide a valid email address, as information about acceptance and registration will be emailed to you.
- ☐ Medical Terminology and Anatomy & Physiology are pre-requisites for the program. Submit a transcript showing successful completion of those classes.
- ☐ Demonstrate your writing skills by answering the supplemental questionnaire (Pages 4-5). Limit your answers to 800 characters.
- ☐ You must attend an IRB meeting in your local vicinity prior to (and again upon completion) of the instructional portions of this program. Allow for 2-3 hours per meeting.

Registration and Refunds

- **The refund drop deadline is one day before class begins.** If you do not attend, stop attending classes, or fail to withdraw by the deadline, you will still be responsible for payment.
- **Students are personally responsible for dropping or withdrawing** from classes, even if they do not attend. No charges will be removed if you drop after the refund period.

Please Keep in Mind

- Make sure you have included all requested materials before submitting your application. Incomplete or late applications will not be accepted.
- Submitting an application does not signify or guarantee that you will be registered or accepted into the Clinical Research program.

Note to Admissions:

Registration Form

Student Information

Name: _____
Last First MI

Preferred Name: _____

Mailing Address: _____

City State Zip

Telephone Number: _____
Day Evening

Email Address: _____

Registration and Payment Information

Submitting this form does not guarantee that you will be accepted/registered in the course.

Successful applicants will receive instructions about registration, payment, and preparing for the term by email.

Your schedule and account balance will be available at <http://my.pcc.edu>.

Payment is due at the time of registration. Alternatively, students may set up a 5 month payment plan with the Portland Community College Business Office. Call 971-722-4234, option 3, or visit pcc.edu/enroll/paying-for-college/tuition/ways-to-pay/payment-plans.html to learn more.

Once registered, log into your MyPCC account and visit PCC-Pay to pay or view your bill. You can also pay by phone by calling 971-722-4234, option 3.

*I have read and understand the above information.
I certify that all information is accurate to the best of my knowledge.*

Signature

Date



2. Why do you want to complete the Foundations of Clinical Research program?



Supplemental Questionnaire Part 2 of 2

Name: _____

3. How do you see this program influencing your career?

4. Why would you be an asset to a research department?

5. Who are you most interested in benefiting through clinical research?