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# NCOPE

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## Resident Directed Study Statement Form

This statement form must accompany submission of the resident's *Directed Study* to NCOPE. The study will be rejected and returned without this signed form.

Resident's Name: \_\_\_\_\_

*Directed Study* Title: \_\_\_\_\_

Year *Directed Study* Completed: \_\_\_\_\_

Residency site *Directed Study* completed: \_\_\_\_\_

With submission of my *Directed Study* to NCOPE I agree that:

- I have met with all legal requirements, and if an IRB approval is required, it has been obtained
- Informed written consent has been obtained by all human subjects
- All HIPAA requirements have been met
- I have not participated in scientific misconduct (i.e., plagiarism). Plagiarism as defined by Benos, et al., 2005 is "using someone else's words, ideas, or results without attribution."

Resident Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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