



Ethics Review Exemption Form for Research involving Residents

Title/description of Study:

Residency: **Industrial** **Hospital** **Community Pharmacy** **Other**

Name of Student Researcher(s): _____

Name of Faculty Liaison: _____

Name of Research Supervisor/Research Director: _____

Institution / Hospital: _____

Location(s) where research will be conducted: _____

Please check one of the following

**The research proposal has received approval from an ethics review board
(Please send the Education Office a copy of the research ethics approval letter)**

**The research proposal does not require any oversight by an ethics review board.
(Please sign to this effect below)**

Name of Research Supervisor / Research Director / Residency Director

Title

Signature

Date

Please send this form to the Education Office via Email to:
educationoffice.pharmacy@utoronto.ca