Summer 2014 Enrollment Contract: Clinical Trial Design Seminar Series

Directions: Faculty, staff, and non-CTS Program graduate students should complete sections I and II. Please type or print clearly using blue or black ink. Section III should be completed by participant’s Department Chair or Supervisor.

Completed forms should be submitted by May 30th to:

Jennifer Kusch, PhD
Medical College of Wisconsin
CTSI / H2800
8701 Watertown Plank Road
Milwaukee, WI 53226-0509

OR
E-mail: jkusch@mcw.edu
(Those wishing to return this contract by e-mail should scan the document after all sections have been completed and send it to the e-mail address above).

Course Information
Title: Clinical Trial Design
Course Director: Timothy McAuliffe, PhD
Dates: Thursdays, June 5-July 31
Time: 4-6 pm
Location: Medical College of Wisconsin, LL Pavilion, L742
Textbook: Fundamental of Clinical Trials, 4th Edition by Lawrence Friedman, Curt Furberg, and David Demets
Section I. General Faculty/Staff Information

Name: ________________________________________________________________

MCW E-Mail: __________________________________________________________

Alternate Non-MCW E-Mail: _____________________________________________

Preferred Mailing Address: ____________________________________________

Day Phone: ____________________________

Evening Phone: _________________________

Institution(s): ________________________________________________________

Department(s): ________________________________________________________

Title(s) (i.e., MD, PhD, faculty position, fellow, etc.): __________________________
(Please list all that apply)

Supervisor’s Name (i.e., Department Chair, Fellowship Director, Research Advisor, etc.):
_____________________________________________________________________

Reason for enrolling in the course/what you hope to gain from the course:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Section II: Course Completion Information /Student Agreement & Signature

This course is available for a Certificate ($100): No registration in the graduate school is required. No grade will be assigned. At the end of the course, students who meet the criteria will be given a "certificate of completion" signed by the course director. The MCW Graduate School will not be able to supply proof of completion now or in the future. This course is adequate for individuals who may need to take the course as part of their fellowship or professional development duties, but for whom “official credit” is not required.
Payment Choices for Course
The course fee is $100. (Note: Fee does not include the cost of textbook).

Payment by check: Please make checks payable to Medical College of Wisconsin and note CTSI in the check memo section. Payments may be sent to:
Clinical and Translational Science Institute (CTSI)
c/o Mike Leppellere
HRC Building, Suite H2800
8701 Watertown Plank Road
Milwaukee, WI 53226
OR
Payment by credit card: To pay by credit card, please contact Mike Leppellere at 414.955.4750 or mleppellere@mcw.edu.
OR
Internal MCW payment: If the course is being paid for by a MCW department, please complete and submit a cost transfer form.

I have read this contract and agree to attend all Clinical Trial Design classes. My department chair/supervisor understands the commitment associated with completing the course. I understand that I will not be receiving academic credit for the course.

Student Name (Print) ____________________________________________

Student Signature ____________________________________________ Date____________________

Section III: Department Chair/ Supervisor Agreement & Signature
(To be completed by Chair /Supervisor)

I understand and support __________________________’s (name of individual enrolling in the course) responsibilities for completing the Clinical Trial Design Course. I understand that he/ she must attend all classes. I understand that he/ she will not be receiving academic credit for the course.

Supervisor Name (Print) ____________________________________________

Supervisor Signature ____________________________________________ Date____________________