



APPD LEARN Proposal Face Page

Date: _____

Proposal title:

Principal Investigator:

Name: _____

Title: _____

Email address: _____

Telephone: _____

Fax: _____

Program: _____

(List additional investigators in proposal body as directed).

Program Director's name: _____

Department Head/Chair's name: _____

If this proposal is accepted for APPD LEARN, I understand and agree that:

- Each eligible APPD LEARN site will choose if they wish to participate. Studies will be conducted under the supervision of the cognizant IRB's at each participating study site.
- Study protocols, IRB approvals, other documents, and data collected from project sites will be deposited in APPD LEARN's repository for sharing and archiving, and APPD LEARN shall have a nonexclusive perpetual license to maintain and share such documents and data.
- Publications arising from this study will acknowledge APPD LEARN and copies of manuscripts will be provided to APPD LEARN following acceptance for publication. Authorship of publications will be determined in advance of writing and with the concurrence of the study's ad hoc oversight committee, whose members will be selected by the PI and the APPD LEARN Director.

Principal Investigator

Program Director (if different from PI)

Department Head/Chair (if different from PI)