

# Research Consulting Group

Health Data Analytics

Geoinformatics

Program Evaluation



## RESEARCH CONSULTING GROUP AGREEMENT FORM FOR RESIDENTS & FELLOWS

### A. General Information

Resident/Fellow Name:	E-mail:	Phone:
Mentor Name:	E-mail:	Phone:
Major:	Entity:	Residency End Date:
Project name / hypothesis:		Status:
External Funding Source: <input type="checkbox"/> Yes If yes, which source: _____  <input type="checkbox"/> No		Project Start Date:  End Date:
Have you received consulting previously on this project? <input type="checkbox"/> Yes. <input type="checkbox"/> No If yes, Consultant: _____  Are you a resident currently employed by LLUHEC? <input type="checkbox"/> Yes. <input type="checkbox"/> No.  Are you the principle investigator (PI) or main researcher for of this project? <input type="checkbox"/> Yes. <input type="checkbox"/> No.  Are you planning to publish material(s) related to this project? <input type="checkbox"/> Yes. <input type="checkbox"/> No.		

### B. Description of Problem.

Please give a concise description of the particular problem you are requesting statistical help for which you expect from RCG.

I. *Consulting Defined*

In general, consulting includes activities in which our analysts draw upon their professional expertise to provide deliverables including data management, statistical design, data analysis, and assistance in the statistical methods in report writing.

II. *Conflicts of Interest and Consulting*

As a statistical consulting service, we thrive on the corroboration and testimony of clients like yourself. Please note that it is proper to recognize RCG consultants as listed in the *acknowledgement* or *coauthors* when the consultants are asked to be extensively involved with a project (i.e. design, data analysis, and/or preparation of methods and materials, results and discussion for corresponding manuscripts). If there are any questions about this particular point, please address your concerns to RCG ([rcg@llu.edu](mailto:rcg@llu.edu)).

By obtaining assistance with RCG, you agree to the following:

- I agree that I am responsible for payment to LLU Research Consulting Group for any remaining balance should my project exceed the amount from other sources.
- In the case that I am billed personally, I agree to make payment for services within 30 days of project completion or upon invoice receipt.
- By mutual agreement between consultant and client, work-order is subjected to modifications.

\_\_\_\_\_  
*RESIDENT/FELLOW'S SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*MENTOR'S SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*PROGRAM DIRECTOR'S SIGNATURE*

\_\_\_\_\_  
*DATE*

**For Office Use Only**

*This project is under the supervision of a senior statistical faculty.*

\_\_\_\_\_  
*Project Supervisor*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Research Analyst*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*