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| **Policy Number:** | **13.18** | **Original Date Issued:** | **April 21, 2015** |
| **Section:** | **Medical Staff** | **Date Reviewed:** |  |
| **Title:** | **Research Scholar Status** | **Date Revised:** |  |
| **Regulatory Agency:** |  |

**POLICY:**

Research is a cornerstone of the Children's Healthcare of Atlanta (Children’s) mission to enhance the lives of children. Children’s seeks to answer the most challenging childhood medical conditions through teaching and research.

To establish a formal affiliation between the Professional Staff and the pediatric research scientists leading Children’s-sponsored research, the Professional Staff may confer the honorary status of Children’s Healthcare of Atlanta Research Scholar upon an MD, PhD, or other advanced degree research scientist associated with Children’s sponsored research. The research scientist so conferred may hold himself/herself out as a Children’s Healthcare of Atlanta Research Scholar, abbreviated as CHOA Research Scholar, when presenting his/her research.

**PROCEDURE:**

1. The honorary status of Research Scholar does not confer Professional Staff membership or the rights, responsibilities, or prerogatives thereof on the research scientist so appointed.
2. A Research Scholar:

	1. does not qualify to provide patient care and is not eligible to admit patients, or hold clinical privileges at the Children’s Hospitals;
	2. may attend Professional Staff meetings but may not vote;
	3. may be invited to serve on Professional Staff committees as appropriate but may not vote;
	4. is entitled to attend educational programs of the Professional Staff;
	5. is required to conduct themselves in an ethical and lawful manner in accordance with Children’s Corporate Compliance policy;
	6. must visibly display a Children’s issued identification badge that clearly identifies him/her as a Research Scholar when presenting to a Children’s facility and performing in this role; and
	7. must abide by Children’s operational policies and procedures, including those applicable to research, as well as the Children’s Standards of Conduct.
3. Application Process

	1. A research scientist interested in pursuing the honorary status of Research Scholar must complete an application (Exhibit A), which is then reviewed and endorsed by the Children’s Research Advisory Council (RAC).
	2. Once endorsed by the RAC, applications are to be submitted to Children’s Medical Staff Services Department.

		1. Applicant information will be entered into the practitioner database maintained by Medical Staff Services for record keeping purposes.
		2. Medical Staff Services shall verify with the primary sources the information regarding the individual's education (master’s level and higher), and lack of Medicare/Medicaid/other government health care program exclusion/sanctions.
	3. Medical Staff Services will then transmit the complete application and all supporting materials to the Professional Staff Medical Executive Committee for review and approval.
	4. Research scientists conferred with the honorary status of Research Scholar by the Medical Executive Committee will be so notified in writing by the Chairperson of the Medical Executive Committee.
	5. The honorary status of Research Scholar must be reaffirmed every five (5) years and may remain with the research scientist only for the duration of his/her affiliation with a Children’s-sponsored research program at a Georgia institution of higher education.
	6. The status of Research Scholar conferred on a research scientist associated with Children’s sponsored research may be revoked at the discretion of the Chief Research Officer, Chief Medical Officer, or the Professional Staff Medical Executive Committee, without hearing rights.

Exhibit A

Application for Research Scholar Status

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Degree(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office City, State, Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home City, State, Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (required for education verification):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Research:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Research Affiliation (name of institution):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By submitting this application, I acknowledge the above information to be true and correct.

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Applicant Printed Name Applicant Signature Date Signed

Research Advisory Council Officer Review/Recommendation for Approval:

Dr. Paul Spearman \_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_

Chief Research Officer (on behalf Chief Research Officer Signature Date Signed
 of Research Advisory Council)

A completed application, along with a current Curriculum Vitae and a minimum of two (2) letters reference, should be submitted to:

Children’s Healthcare of Atlanta
Medical Staff Governance
1584 Tullie Circle, Atlanta, GA 30329

(Fax) 404-785-9232