



*The Heart of a
Healthy Community*

Research Assistance Request Form

Date: _____

Name: _____

Title: _____

Email Address: _____

Phone Number: _____

Organization: _____

Duration of Study: _____

Number of Enrollees Needed: _____

Description of Research: _____

Number of Research Assistants Needed: _____

MPH Intern/Student Physician/Resident Preference: _____

Role of Assistant/Desired Skills: _____
