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**Supplemental Axiom Mentor Account Request Form (Non-Employee)**

**Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Do you have a TouroOne Account:\_\_\_\_\_Yes \_\_\_\_\_\_ No   
Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address (Professional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why are you requesting an Axiom Mentor account (Select All)?**

* **\_\_\_\_\_New York Medical College Conflict of Interest (COI) requirement.**
  + **Is this to conduct Human Subjects Research? \_\_\_\_\_\_Yes \_\_\_\_\_\_No**
  + **[[1]](#footnote-1)If Yes, Protocol ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PI Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **If No, Provide reason for completing COI requirement\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_Institutional Review Board (IRB) access for GMB & Oncology Panels.**
* **\_\_\_\_\_Institutional Animal Care & Use Committee (IACUC).**
* **\_\_\_\_\_Institutional Biosafety Committee (IBC).**

**What institution(s) are you affiliated with?**

* **\_\_\_\_\_New York Medical College. \_\_\_\_\_Westchester Medical Center.**
* **\_\_\_\_\_Metropolitan Hospital Center. \_\_\_\_\_Westchester Institute for Human Development.**
* **\_\_\_\_\_Touro College of Dental Medicine. \_\_\_\_\_Richmond University Medical Center.**
* **\_\_\_\_\_Other (Name Below).**
  + **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your position at your institution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NYMC Full-Time Faculty Status? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*\*\*\*\*\*This form must be Approved by your Direct Supervisor or Department/Division Chairperson\*\*\*\*\*\*\*\*\***

**Print Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[[2]](#footnote-2)Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. ***Mentor account will not be created until you have been already requested added to the research study via Mentor by the PI or his/her Designee.*** [↑](#footnote-ref-1)
2. ***I certify that the information provided in this form is true and correct. I understand that providing false information may lead to termination of the Mentor Account requested and termination of COI requirements and/or research applications.*** [↑](#footnote-ref-2)