

R&D Only Studies: Personnel & Training Form

Protocol Title:

Date:

All items must be current for the protocol to be approved.

Staff 1

Last Name:

First Name:

Study Role:

Scope of Practice Date:

Info Security & Rules of Behavior (annual - date completed):

Privacy/HIPAA (annual - date completed):

CITI (human - triannual) if study involves human subjects but IRB exempt:

Staff 2

Last Name:

First Name:

Study Role:

Scope of Practice Date:

Info Security & Rules of Behavior (annual - date completed):

Privacy/HIPAA (annual - date completed):

CITI (human - triannual) if study involves human subjects but IRB exempt:

Staff 3

Last Name:

First Name:

Study Role:

Scope of Practice Date:

Info Security & Rules of Behavior (annual - date completed):

Privacy/HIPAA (annual - date completed):

CITI (human - triannual) if study involves human subjects but IRB exempt:

Staff 4

Last Name:

First Name:

Study Role:

Scope of Practice Date:

Info Security & Rules of Behavior (annual - date completed):

Privacy/HIPAA (annual - date completed):

CITI (human - triannual) if study involves human subjects but IRB exempt:

Staff 5

Last Name:

First Name:

Study Role:

Scope of Practice Date:

Info Security & Rules of Behavior (annual - date completed):

Privacy/HIPAA (annual - date completed):

CITI (human - triannual) if study involves human subjects but IRB exempt:

Submit additional copies of this form if there are additional staff.