**WMed IRB# (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Research Team Members List**

A research team member is anyone who interacts with subjects, research data, or PHI related to the study.

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| **(Copy this page if additional space is needed.)** | | | | | | | | | |
| Name and Address Include department name  \*Please notify and provide IRB with any change or address or affiliation | **Degree** | **Contact Information** | **Role on Project**  (PI, Sub-I, CRC,, etc.) | **Company /Institution** | **If this person will be working at a hospital facility, list department & manager Name** | If research will be conducted on site at a hospital or affiliated entity, please check the following that apply: | | | Provide the CITI Training for the Human Subjects Research Protection Certification Date |
| In office area | Out Patient | In Patient |
|  |  | Work:  Cell/Pager:  Fax:  Email:  If Resident, list graduation date: |  |  |  |  |  |  |  |
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Submit certification document for **all** individuals on the research team showing completion of education regarding the protection of human subjects. CITI Human Subject Research Protection modules are required every four years. (Therefore, keep your original completion certificate in the event you submit another protocol.)