**Instructions:** A personnel form is required for new submissions, continuing reviews and amendments when adding or removing research personnel. Please save this form to your computer before proceeding. Attach this form to your IRB electronic submission. The IRB will not accept submissions until all personnel have provided certification of human subjects research protection training.

Please list in ***Section 1: Current Personnel*** all research personnel responsible for or working on this protocol, including the Principal Investigator. Individuals who have any interaction with participants or identifiable participant data must have current human subject research protection training. Attach certifications of human subject research protection training to the application form. For more information on the human subjects training requirement, please visit the IRB website.

Please list in ***Section 2: Former Personnel*** list individuals removed from the protocol and their removal date.

Please list additional training and/or certifications relevant to the study in the tables provided below (e.g., translator qualifications, blood borne pathogens, specific methodology, etc.). Appropriate documentation of training or certifications should be kept with the PI’s research records.

\*If the individual listed is not affiliated with CFVHS, does their home institution have an IRB? If their home institution does **not** have an IRB, an Individual Investigator Agreement (IIA) will need to be executed. If their home institution **has** an IRB, whether an IRB Authorization Agreement (IAA) will need to be executed, or their IRB approval from the home institution will need to be provided. See ***IRB Guidance: Determining Engagement in Research*** for further clarification.

When amending this form, highlight any new changes.

**Section 1: Current Personnel**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**(Last Name, First Name) | **Email**(You may include additional email addresses; however, all email correspondence will be sent to researchers' institutional email accounts) | **Institutional Affiliation\***(Name of the researcher’s home institution. If not affiliated with an institution indicate “NA” | **Research Role/Title**(drop down list) | **Human Subjects Research Training Date**(attach certificates of completion to the application) | **Responsible for design, conduct, or reporting?**(Yes/No) | **Interacts with subjects and/or identifiable data or bio-specimens?**(Yes/No) | **Brief description of Research Responsibilities**(consenting participants, data collection, data analysis, etc.) | **Additional Relevant Training or Qualifications** |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |

**Section 2: Former Personnel**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**(Last Name, First Name) | **Email**(You may include additional email addresses; however, all email correspondence will be sent to researchers' institutional email accounts) | **Institutional Affiliation\***(Name of the researcher’s home institution. If not affiliated with an institution indicate “NA” | **Removal Date** |
| Last Name, First Name | Email address. | Name | Date |
| Last Name, First Name | Email address. | Name | Date |
| Last Name, First Name | Email address. | Name | Date |
| Last Name, First Name | Email address. | Name | Date |
| Last Name, First Name | Email address. | Name | Date |
| Last Name, First Name | Email address. | Name | Date |
| Last Name, First Name | Email address. | Name | Date |
| Last Name, First Name | Email address. | Name | Date |