|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Names of all personnel involved in this IRB application’s design, conduct, or reporting** | | | | | | | | | |
| **Title of the research study:** | |  | | | | | | | |
|  | | **Name and Title** | | | **Department/School** | | | | **Involved in the consent process?** |
| Researcher\*: | |  | | |  | | | |  |
| (If applicable) UCR Faculty Advisor/ Supervisor\*: | |  | | |  | | | |  |
| Co - Investigator (Co-I):  *Please note a Co-I is required for clinical trials* | |  | | |  | | | |  |
| ***All investigators and staff conducting research must complete CITI*** [***training***](https://research.ucr.edu/ori/guidance/citi-instruction.aspx)***. Investigators and staff conducting clinical trialsare required to take GCP training, either through CITI or by providing a copy of their ACRP or SoCRA certification. Required training must be renewed every 5 years.***  ***\*IRB approval cannot be issued until the researcher and advisor/supervisor (if applicable) have completed the required ethics training.*** | | | | | | | | | |
| **Name (Last, First) /**  **Role in study (design, conduct, reporting, other)** | [**CITI training**](https://research.ucr.edu/ori/guidance/citi-instruction.aspx) | | **UCR Tutorial or**  **NIH Protection Human Research Participants Course (PHRP)** | **GCP Training** | | **ACRP/ SoCRA**  **Certified** | | **Involved in consent?** | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| / |  | |  |  | |  | |  | |
| **Researcher-Faculty Advisor/Supervisor Acknowledgement** | | | | | | | | | |
| I attest that the personnel delegated are qualified to perform the study-related procedures assigned to them and that all conflicts of interest these individuals have with this research have been reported to the UC Riverside [Promoting Research Objectivity (PRO) Committee](https://research.ucr.edu/ori/committees/pro.aspx). I also attest that these individuals have received the training or have the qualifications indicated above. | | | | | | | | | |
| UCR Faculty Researcher or Faculty Advisor signature: | | | | | | | Date | | |
|  | | | | | | |  | | |