WEST VIRGINIA DEPARTMENT OF EDUCATION INTERNAL REVIEW BOARD

Co-Investigator Information and Certification

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title of research project | | | | | | IRB No. | Enter text. | |
| Enter text. | | | | | | *(Assigned by IRB Secretary)* | | |
| Principal Investigator | Anticipated beginning date (xx/xx/xxxx) | | | | | | Enter date. | |
| Enter text. | Anticipated ending date (xx/xx/xxxx) | | | | | | Enter date. | |
| Co-Investigator Name | | Position | | | | | | |
| Enter text. | | Enter text. | | | | | | |
| Work address | | Supervisor | | | | | | |
| Enter text. | | Enter text. | | | | | | |
| Fax | | | Phone | | | Mobile phone |
| Enter text. | | | Enter text. | | | Enter text. |
| Degree(s) | | E-mail | | | | | | |
| Enter text. | | Enter text. | | | | | | |
| **A copy of your CV or resume and a current *Protecting Human Research Participants* training certificate must be submitted with this form.** | | | | | | | | |
| Have you served as a principal investigator, co-investigator, or as research staff for any other IRB-approved study? | | | | | | | Yes  No | |
| If yes, list your two most recent IRB-approved studies. | | | | | | | | |
| 1. Enter text. | | | | | | | | |
| 2. Enter text. | | | | | | | | |
| Have any of your studies been suspended or terminated? *If yes, attach an explanation.* | | | | | | | Yes  No | |
| Have you or any member of your research staff been under sanction for unethical behavior in research activities? *If yes, attach an explanation.* | | | | | | | Yes  No | |
| Please indicate whether you and/or your immediate family members have any conflict of interest related to the proposed research project (monetary or otherwise). *If yes, attach an explanation.* | | | | | | | Yes  No | |
| **CERTIFICATION**  By submission of this document I certify that the information in the document is accurate and correct. I have completed all training required for the submission of this protocol, including having (a) read, understood, and agreed to abide by the Belmont Report; and (b) completed the NIH Office of Extramural Research, *Protecting human Research Participants* educational course modules. I will protect the rights and welfare of each subje3ct to the best of my ability. | | | | | | | | | |
|  | | |  | Enter date. | | | | | |
| Signature | | |  | Date | | | | | |

*Print and sign.*