WEST VIRGINIA DEPARTMENT OF EDUCATION INTERNAL REVIEW BOARD

Principal Research Investigator Information and Certification

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| --- | --- | --- |
| Title of research project | IRB No.  | Enter text. |
| Click here to enter text. | *(Assigned by IRB Secretary)* |
| Anticipated beginning date (xx/xx/xxxx) | Anticipated ending date (xx/xx/xxxx) |
| Click here to enter a date. | Click here to enter a date. |
| Name | Position |
| Enter text. | Click here to enter text. |
| Work address | Supervisor |
| Building 6, Suite 8251900 Kanawha Boulevard EastCharleston, WV 25305-0330 | Enter text. |
| Fax | Phone |
| 304-558-1613 | 304-558-7881 |
| Degree(s) | E-mail | Mobile phone |
| Enter text. | 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 been a principal investigator in the past 5 years? [ ] Yes [ ]  No | How many years have you been conducting research in any capacity?  | Enter text. |
| If you have been a principal investigator in the past, list your two most recent IRB-approved studies. |
| 1. Enter text. |
| 2.  |
| 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). | [ ]  Yes [ ]  No |
| 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. |
|  |   |
| Signature | Date |

*Print and sign.*