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 825  1900 Kanawha Boulevard East  Charleston, 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.*