|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **The purpose of this checklist is to have IRB members provide information to the IRB staff to ensure the IRB is appropriately composed. This form should be completed and retained.** | | | | | | | |
| First name: |  | | | | | | |
| Last name: |  | | | | | | |
| List all earned degrees: |  | | | | | | |
| Mailing address: |  | | | | | | |
| Office phone: |  | | | | | | |
| Cell phone: |  | | | | | | |
| Fax: |  | | | | | | |
| Home phone: |  | | | | | | |
| Email: |  | | | | | | |
| List the vulnerable populations you are knowledgeable about or experienced in working with: | Children  Prisoners  Disabled | | Pregnant women  Cognitively impaired  Economically disadvantaged | | Other: (specify) | | |
| **Provide indications of experience such as profession, life experiences related to research or vulnerable populations, research experience as an investigator or subject, IRB experience, certifications and licensures, or other information sufficient to describe your chief anticipated contributions to IRB deliberations:[[1]](#footnote-1)** | | | | | | | |
| Please provide availability for meeting dates and times listed below (Tuesday through Thursday dates are after the first Monday of the month  ☐ 1:30 PM First Monday of the month  ☐ 12:30 PM Second Tuesday of the month  ☐ 8:00 AM Third Wednesday of the month  ☐ 12:30 PM Fourth Thursday of the month | | | | | | | |
| List any employment or other relationship between yourself and the organization or its affiliates: | | | | | | | |
| No affiliation  Full-time employee  Part-time employee  Member of governing panel or board  Stockholder | | Paid or unpaid consultant  Medical staff  Full or part-time faculty  Student  Intern, resident, or fellow | | Retiree  Other: (Specify)  Affiliation is with:  This organization.  Affiliated organization: (Specify) | | | |
| List any employment or other relationship between your spouse/domestic partner and dependent children and the organization: | | | | | | | |
| Full-time employee  Part-time employee  Member of governing panel or board  Stockholder | | Paid or unpaid consultant  Medical staff  Full or part-time faculty  Student | | Intern, resident, or fellow  Retiree  Other: (Specify) | | | |
|  | | | | | | | |
| Signature: |  | | | | | Date: |  |

1. Examples: “Board certified in pediatrics and pediatric cardiology. Assistant Professor of Pediatrics. Clinical investigator studying cardiac devices. Chair of Pharmacy and Therapeutics Committee.” Or “Accountant. Mortgage Officer at local bank. Parent died of Alzheimer Disease. Volunteer family counselor for local Alzheimer Support Group. IRB member since 2001.” [↑](#footnote-ref-1)