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| **Please provide your contact information below for our database** |
| [ ]  New [ ]  Updated |
| **First Name** |       |
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| **Job Title** |       |
| **Department** |       |
| **Company** |       |
| **Business Phone** |       |
|  **Cell Phone** |       |
| **Drexel Affiliated Email Address**  |       |
| **Alternate Email Address** |       |
| **Mail Stop** |       |
| **Mailing Address** |       |
| **Role in Research** |       |
| **Inv**o**lved in Consent** | [ ]  Yes [ ]  No  |
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| **All personnel are required to complete a Financial Conflict of Interest Disclosure Form 1.** |
| **Form 1 (Requirement for all submissions)** [ ]  Yes  [Financial Interest Disclosure Form 1](http://drexel.edu/~/media/Files/research/administration/financial%20compliance/FCOI%20Disclosure%20Form%201.ashx%22%20%5Ct%20%22_blank) |
| **Any personnel acknowledging a conflict of interest in Form 1, must also complete the Financial Conflict of Interest Disclosure Form 2.****Form 2 - Conflict of Interest Form Included:** [ ]  Yes [ ]  No [Financial Interest Disclosure Form 2](http://drexel.edu/~/media/Files/research/administration/financial%20compliance/FCOI%20Disclosure%20Form%202.ashx) |

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| **Name of Certification:** | **Date of Certification:** |
| **[ ]  CITI Group Specific Certification: Group 1 [ ]  2 [ ]  3 [ ]** **(recertification every 3 years)** |  |
| *[ ]  Responsible Conduct of Research (applicable to NSF grants)* | *Date:*  | *[ ]  Health Information Privacy Security (HIPS) training* \*Recertification required every 3 years | *Date:* |
| [ ]  GCP (Good Clinical Practice)\*Recertification required every 3 years | *Date:* | *[ ]  Surrogate Consent (Required when using LARs to consent)* | *Date:* |
| [ ]  HIPAA and Medical Research (Drexel Core) | *Date:* | [ ]  HIPAA e-Security (Drexel Core) | *Date:* |
| [ ]  Biological Shipment Training (annual recertification) | *Date:* |
| [ ]  Laboratory Safety Training (annual recertification) | *Date:* | [ ]  Bloodborne pathogen training (annual recertification) | *Date:* |

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| **Signature Acknowledgement** |
| By signing below you are verifying that you will conduct this Human Research in accordance with requirements in the INVESTIGATOR MANUAL (HRP-103). |
| Signature | Date |
|  |  |