VAMHCS Research and Development Office

Confirmation of required items for study team members: Status, Required Trainings and Scope of Practice

This form is required for all **new** human subject research submissions, **continuing reviews** and **annual updates**

PI _____ IRB# _____

Study Title: _____

If the team member interacts with VAMHCS patients, performs procedures at the VAMHCS, or has access to VA data then all information for the person must be listed here.

**If this study is a collaborative project and there are team members who do not participate on the VA portion of the study they should be listed here as UM only and no other info is required.

Principal Investigator, Sub-investigators, and Research Team Members **(include everyone listed in your CICERO submission)**	**Status of Team Member**			**VA Privacy and HIPAA Policy Training** **(required annually)**	**VA Privacy and Information Security Awareness and Rules of behavior (required annually)**	**CITI Training** **(required every 2 years)**	**Scope of Practice (copy should be on file in Research Office and also in study binder)**
	VA Paid Staff	**WOC** (List expiration date on most recent WOC appointment letter)	**** UM (only)**	**Date Completed**	**Date Completed**	**Date Completed**	**Date ACOS signed**

I confirm that this is a complete list of all staff for this human research project and that all required trainings are current and Scopes of Practice are on file.

Principal Investigator _____ Date _____