



SCOPE OF PRACTICE FOR Principal Investigator

“As a Principal Investigator at VAMHCS, I affirm that:

1. My research activities are delineated in the active VAMHCS Research and Development Committee approved protocols on file in the VAMHCS Research Service Office.

(For new investigators: IRB or IACUC approved protocols pending RDC approval)

2. If I am doing research activities that would require clinical privileges in a clinical setting I do have clinical credentials from the VAMHCS Professional Standards Board for those activities.”

- If you agree that these statements accurately reflect the scope of your research work, please acknowledge by selecting **“YES.”**
- If you do not concur, please select **“NO.”** For PIs that respond “NO,” please **write a scope of work** for yourself and send to ann.kimball@va.gov (Before this scope of work is filed it will also be reviewed and signed off on by the ACOS/R or designee).

YES

No

PI Name

PI Signature

Date

Please return a completed copy of this document to the VAMHCS Research Service
Please keep a copy of this document with your project(s) documents for audit purposes