



HRP-202 | 2/2/2024

## FORM: IRB Member Information

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.

### BASIC INFORMATION

Basic Information	Member details
First Name:	Click or tap here to enter text.
Last Name:	Click or tap here to enter text.
List of all earned degrees:	Click or tap here to enter text.
Mailing address:	Click or tap here to enter text.
Office Phone	Click or tap here to enter text.
Cell Phone	Click or tap here to enter text.
Fax:	Click or tap here to enter text.
Home phone:	Click or tap here to enter text.
Email:	Click or tap here to enter text.

### KNOWLEDGE WITH VULNERABLE POPULATIONS

List all vulnerable populations you are knowledgeable about or experienced in working with:

- |   |  |
|---|--|
| <input type="checkbox"/> Children       | <input type="checkbox"/> Cognitively Impaired Adults                       |
| <input type="checkbox"/> Prisoners      | <input type="checkbox"/> Economically disadvantaged                        |
| <input type="checkbox"/> Disabled       | <input type="checkbox"/> Other: (specify) Click or tap here to enter text. |
| <input type="checkbox"/> Pregnant women |  |

### INDICATIONS OF EXPERIENCE

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:<sup>1</sup>

Click or tap here to enter text.

### EMPLOYMENT AND AFFILIATIONS OF MEMBER

List any employment or other relationships between yourself and the organization or its affiliates:

<sup>1</sup> 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."

- No affiliation
- Full-time employee
- Part-time employee
- Member of governing panel or board
- Stockholder
- Medical staff
- Full or part-time faculty
- Student
- Intern, resident, or fellow
- Retiree
- Other: (specify) Click or tap here to describe “other” affiliation and specify if this affiliation is with this organization or an affiliated organization.

**EMPLOYMENT AND AFFILIATIONS OF SPOUSE/DOMESTIC PARTNER & DEPENDENT CHILDREN**

List any employment or other relationships between your spouse/domestic partner and dependent children and the organization:

- No affiliation
- Full-time employee
- Part-time employee
- Member of governing panel or board
- Stockholder
- Medical staff
- Student
- Intern, resident, or fellow
- Retiree
- Other: (specify) Click or tap here to describe “other” affiliation and specify if this affiliation is with this organization or an affiliated organization.

**SIGNATURE OF MEMBER**

Date of Signature: Click or tap here to enter text.

  X