ETHICS REVIEW BOARD
College of Social Sciences and Philosophy
University of the Philippines Diliman
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CSSP-ERB Form Admin-01

CSSP-ERB Chair Nomination Form

I. GENERAL INFORMATION

Name of Nominee:_____
Department/Office: _____ Position/Designation: _____
Highest Educational Degree/Course: _____
Institution: _____Year completed: _____

Research-Related Trainings including Research Ethics

Name of Course	Offering Institution	Duration	Year
_____	_____	_____	____
_____	_____	_____	____
_____	_____	_____	____
_____	_____	_____	____
_____	_____	_____	____
_____	_____	_____	____

Research Ethics Review Experience

Title/Position	Tasks	Name of REC	Inclusive Year/s
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. ACCEPTANCE OF NOMINATION

Signature of Nominee: _____ Date: _____
Office/Department/Institution: _____ Position: _____

Name of Nominator: _____
Department/Office: _____ Position/Designation: _____
Signature of Nominator: _____