

THE DEPARTMENT OF STATE HEALTH SERVICES
CENTRAL OFFICE INSTITUTIONAL REVIEW BOARD
DOCUMENTATION OF EDUCATION OF IN HUMAN SUBJECTS PROTECTION

Protocol #: _____ - _____ - _____

Project Title: _____

The following is a description of the training in the protection of human subjects for each individual listed on this project as key personnel:

Names of Key Personnel	Title and Description (one-sentence) and Date of Educational Training
1. _____	_____ _____
2. _____	_____ _____
3. _____	_____ _____
4. _____	_____ _____

I (we) verify that training in the conduct of research with human subjects has been obtained by all key personnel listed on this research project. In addition, I assure that any key research personnel that become affiliated with the project after this date will receive the necessary training prior to conducting any research activities (documentation via this form must be sent to the IRB office immediately).

Signature of Principal Investigator

Date

If the principal investigator is a student, the faculty sponsor should sign below and should also be identified as key personnel for this project.

Signature of Faculty Sponsor

Date