

## IRBWISE ACCOUNT REQUEST PERSONAL INFORMATION

Please complete the following information. Do not leave any item unanswered.

To submit the account request:

1. Include in a single PDF file the following documents:
  - a. Human Subjects Protection Training Certificate (HSP)\* (Course: **Biomedical Research or Social/Behavioral Research**)
  - b. HIPAA Training (HIPS)\* (Course: **CITI Health Information Privacy and Security (HIPS)**)
  - c. Good Clinical Practice (**GCP**) Certificate\* (Studies that involve medications or medical devices should include evidence of training in GCP).
  - d. Biosafety Training (Course: **Biosafety Complete Training Series**)\* - Applies to studies that collect and/or analyze tissue or corporal fluids (blood, saliva, etc.).
  - e. Curriculum Vitae or Resume
2. Please, complete the form bellow and send the files to the IRB Office by email to [opphi.rcm@upr.edu](mailto:opphi.rcm@upr.edu).
3. For additional information visit our web site, FAQ section: <http://irbrcm.rcm.upr.edu/faqs.html>

|                                      |   |
|--------------------------------------|---|
| <b>Last Name:</b>                    |   |
| <b>Second Name:</b>                  |   |
| <b>First Name:</b>                   |   |
| <b>Middle Name:</b>                  |   |
| <b>E-Mail (MSC):</b>                 |   |
| <b>Second Alternative E-Mail:</b>    |   |
| <b>Address (Postal<sup>†</sup>):</b> |   |
| <b>City/State &amp; Zip Code:</b>    |   |
| <b>Phone:</b>                        | Work: (     )     -     Ext.     / Cellular: (     )     -<br>Other: (     )     -                                      |
| <b>Affiliated Institution:</b>       |   |
| <b>School:</b>                       |   |
| <b>Department:</b>                   |   |
| <b>Faculty Member:</b>               | <input type="checkbox"/> Yes <input type="checkbox"/> No (mark only one)  |
| <b>Student/Resident<sup>‡</sup>:</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No (mark only one)  |
| <b>Account for:</b>                  | <input type="checkbox"/> Administrators (to enter data) <input type="checkbox"/> Read Only <sup>§</sup> [MARK ONLY ONE] |

\* UPR MSC is affiliated with the Collaborative Institutional Training Initiative (CITI program) for the provision of online training for our faculty, students and staff. For trainings: <http://citiprogram.org>.

<sup>†</sup>Please write a postal address in which you receive your correspondence (work or home).

<sup>‡</sup> By institutional policy, the role of Principal Investigator cannot be assumed by a student, nonresident physician.

<sup>§</sup>Associated research personnel that will not have to enter or edit data in IRB Wise (only to create the profile).