Additional Co-investigators

Co-investigators, responsible for knowing and following the protocol, should be listed below. Include any individual who will have responsibility for the consent process, direct data collection from subjects, or follow-up.

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| Name (Last name, First name MI):      | Highest Earned Degree:      |
| Mailing Address:       | Phone Number:       |
| University Department (if applicable):       | Email:      |
| Occupational Position: [ ] Faculty [ ] Staff [ ] Student [ ] Other:       |
| Indicate the training and education completed in the protection of human subjects or human subjects records. Training is required for all research. |
| Human Subjects Training (one of these must be checked)[ ]  CITI [ ]  Other (attach documentation):       | HIPAA Training (Required if Data Contains PHI)[ ]  HIPAA  |
|  |       |  |
| Co-investigator Name | Co-investigator Title | Date |

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| --- | --- |
| Name (Last name, First name MI):      | Highest Earned Degree:      |
| Mailing Address:       | Phone Number:       |
| University Department (if applicable):       | Email:      |
| Occupational Position: [ ] Faculty [ ] Staff [ ] Student [ ] Other:       |
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|  |       |  |
| Co-investigator Name | Co-investigator Title | Date |

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|  |       |  |
| Co-investigator Name | Co-investigator Title | Date |

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| --- | --- |
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| Occupational Position: [ ] Faculty [ ] Staff [ ] Student [ ] Other:       |
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|  |       |  |
| Co-investigator Name | Co-investigator Title | Date |

|  |  |
| --- | --- |
| Name (Last name, First name MI):      | Highest Earned Degree:      |
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|  |       |  |
| Co-investigator Name | Co-investigator Title | Date |

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| Mailing Address:       | Phone Number:       |
| University Department (if applicable):       | Email:      |
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|  |       |  |
| Co-investigator Name | Co-investigator Title | Date |