



**Co-Investigator and Research Personnel Form**

Date:

**Form Submission**

This form should be completed and submitted to [irb@arizonacollege.edu](mailto:irb@arizonacollege.edu) as part of the protocol submission to identify all research personnel that will conduct research procedures.

**Note: All research personnel must complete CITI training prior to participating in research procedures.**

Project Demographics	
Principle Investigator	
Protocol Number	
Project Title	

Additional Research Personnel	
Name	
Phone	Email
Role	<input type="checkbox"/> Co-Investigator <input type="checkbox"/> Research Staff <input type="checkbox"/> Other, specify:
Describe Research Duties	
CITI Training	<input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Certificate attached for nonaffiliated personnel

Additional Research Personnel	
Name	
Phone	Email
Role	<input type="checkbox"/> Co-Investigator <input type="checkbox"/> Research Staff <input type="checkbox"/> Other, specify:
Describe Research Duties	
CITI Training	<input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Certificate attached for nonaffiliated personnel

Additional Research Personnel	
Name	
Phone	Email
Role	<input type="checkbox"/> Co-Investigator <input type="checkbox"/> Research Staff <input type="checkbox"/> Other, specify:

Describe Research Duties	
CITI Training	<input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Certificate attached for nonaffiliated personnel

Additional Research Personnel	
Name	
Phone	Email
Role	<input type="checkbox"/> Co-Investigator <input type="checkbox"/> Research Staff <input type="checkbox"/> Other, specify:
Describe Research Duties	
CITI Training	<input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Certificate attached for nonaffiliated personnel

Additional Research Personnel	
Name	
Phone	Email
Role	<input type="checkbox"/> Co-Investigator <input type="checkbox"/> Research Staff <input type="checkbox"/> Other, specify:
Describe Research Duties	
CITI Training	<input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Certificate attached for nonaffiliated personnel

**Principle Investigator Assurance**

I certify that the information provided in this form is complete and accurate to the best of my ability and that all persons working on this protocol have received proper training to conduct research on the approved protocol and have completed CITI training.

Principal Investigator's Signature: \_\_\_\_\_ Date \_\_\_\_\_