



## HUMAN SUBJECTS PROTECTION PROGRAM

Application for University of Louisville Sponsored Account for Research Purposes

**ALL FIELDS MUST BE COMPLETED – Incomplete forms will be returned**

APPLICANT INFORMATION (LEGAL NAMES, NO NICKNAMES)					
Last Name		First		M.I. or Middle Name	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		
Gender		Date of Birth		How long will you need this account? (1 Yr, 2 Yrs, 5 Yrs)	
Have you ever worked for or been a student at U of L? (Indicate Yes or No)			If so, please provide ID# or given name at the time of previous association.		
Have you ever been or are you currently excluded, suspended, debarred or otherwise deemed ineligible to participate in governmental healthcare, procurement, research or other programs? (Indicate Yes or No)			If yes, list ALL such exclusions, suspensions, or debarments including applicable governmental agency, action date, and your address at the time of the action.		
<b>Please Note:</b> University of Louisville affiliated individuals will be checked against appropriate governmental exclusion/debarment/suspension lists to ensure eligibility to participate in University research programs, as outlined in the Sanction Checks Policy located at <a href="http://louisville.edu/compliance/policies/Sanction_Checks_Policy_012309.pdf">http://louisville.edu/compliance/policies/Sanction_Checks_Policy_012309.pdf</a> . Prior to account establishment, Research Integrity shall complete a review of the prospective affiliated researcher(s) against appropriate governmental exclusion/debarment/suspension lists. Any individuals who are identified as potential matches will be reported to the Institutional Compliance Office for verification procedures prior to account establishment. The Research Integrity will not proceed with account establishment for any individual verified as a positive match, without consultation with the Institutional Compliance Office and appropriate University Administration.					

TRAINING AND CERTIFICATIONS NEEDED			
<b>Please indicate all training you need to complete – this information will be used to provide you with the appropriate registration instructions. (Check all that apply to your situation)</b>	<b>Human Subjects</b> <input type="checkbox"/> Good Clinical Practice <input type="checkbox"/> Human Subjects	<b>HIPAA</b> <input type="checkbox"/> HIPAA Basics <input type="checkbox"/> HIPAA Security <input type="checkbox"/> HIPAA for Research	<b>Research Integrity</b> <input type="checkbox"/> Disclosure of Significant Financial Interest <input type="checkbox"/> Responsible Conduct of Research

RESEARCH AFFILIATION	
Which research office are you affiliated with? (UofL, Jewish, Norton, Univ Hospital, Affiliated PSC, CTSI, OTHER)	In what Department do you work? If you are not the investigator, list the investigator's name.

REASON FOR REQUESTING ACCOUNT	
Why do you need this account? What is your role in human subjects research?	

E-mail Completed Form and Send to: IRB Sponsored Accounts, Service Account ([SPONACCT@louisville.edu](mailto:SPONACCT@louisville.edu)) or Fax: 502-852-2164

Or print and Mail to:  
Human Subjects Protection Program Office  
MedCenter One, Suite 200  
501 E. Broadway  
Louisville, KY 40202