HUMAN SUBJECTS PROTECTION PROGRAM

Application for University of Louisville Sponsored Account for Research Purposes ONLY

ALL FIELDS MUST BE COMPLETED – Incomplete forms will be returned. Once received by the account manager it may take up to 2 weeks to process

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.			

Please Note: 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 http://louisville.edu/compliance/policies/Sanction_Checks_Policy_012309.pdf. Prior to account establishment, the HSPPO 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 HSPPO 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			
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)	**Human Subjects** ☐ Good Clinical Practice ☐ Human Subjects	**HIPAA** ☐ HIPAA Basics ☐ HIPAA Security ☐ HIPAA for Research	**Research Integrity** ☐ Disclosure of Significant Financial Interest ☐ 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) 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

Form Effective October 21, 2011