

**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. This form should either be typed or printed, not handwritten.**

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			
Are you a US citizen? (Y/N)			If not, what type of Visa are you working under?		
Have you ever worked for or been a student at U of L? (Indicate Yes or No)			If so, please provide EMPLID# 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.		
<p><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, 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.</p>					

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

RESEARCH AFFILIATION				
KentuckyOne Health:	Norton Healthcare:	University of Louisville Hospital:	Affiliated PSC:	CTSI:
Other (please explain):				
In what department do you work?		If you work for any of the affiliated hospitals, at which site do you work?		
If you are not the PI on your research project, list the investigators name and the IRB # on which you work:				

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)			
<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"/> Annual Disclosure Form <input type="checkbox"/> Responsible Conduct of Research	

Sponsored Research Accounts run for a six month period. You must respond to our renewal requests or your account will be inactivated. If your account is inactivated, you may have delays in accessing either the IRB review system or in accessing the Blackboard system to take training.