

Norton Hospital  
Research Credentialing Certification Form

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Scope of research responsibility:** (Examples: Consenting research participants, administering questionnaires, recording data etc.,)

\_\_\_\_\_

\_\_\_\_\_

**Certification** (Must be initialed by Research and Clinical supervisor/sponsor):

1.  Yes  No To your knowledge has this investigator/employee ever been subject to any disciplinary action, such as violation of research integrity, falsification of data, voluntary or involuntary termination?

\*If yes, provide details.

2.  Yes  No Are you aware of any physical, mental condition or chemical dependency which would limit this investigator/employee's competency to perform research in his/her field? \* If yes, provide details.

\_\_\_\_\_

**Evaluation and Recommendation:**

*This individual has demonstrated the skills and abilities to communicate and work with others, and performs duties while maintaining professionalism. In addition, (s)he has demonstrated to me the necessary research skills for research credentialing at University Hospital. I recommend him/her without reservation.*

**Research Sponsor:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

I recommend \_\_\_\_\_ for research credentialing at University Hospital. He/she has demonstrated expertise in consenting and documenting consent procedures in the patient's medical record.

**Clinical Sponsor:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Must hold credentials at University Hospital)

\_\_\_\_\_

*I, on behalf of the University of Louisville, support the credentialing of \_\_\_\_\_ at Norton Healthcare.*

**University Official:** Dean of School/College or EVP \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Attach details from 1 & 2 above if response to either was yes.