**Institutional Review Board**

**Initial Application Face Sheet**

**Office Use Only - IRB Protocol Number**: Office Only

***Principal Investigator:*** *I acknowledge that this represents an accurate and complete description of the proposed research.*

Name of PI: Name Date: Click or tap to enter a date.

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PI Signature (electronic accepted)

PI Mailing Address: street, city, state, zip

PI Email Address: email PI Phone Number: phone

***Advisor (complete if PI is a student):*** *I agree to provide proper oversight and mentoring for this project to ensure that the rights and welfare of the human subjects are properly protected.*

Name of Advisor: Name Date: Click or tap to enter a date.

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Advisor Signature (electronic accepted)

Advisor Mailing Address: Street, City, State, Zip

Advisor Email Address: email Advisor Phone Number: phone

***Additional Researchers:*** *List all co-PIs, research assistants, proxies, or others who will have contact with participants or their data. Use an additional page, if necessary.*

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| --- | --- | --- |
|  | Name | Email |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Click or tap here to enter text. | Click or tap here to enter text. |
|  | Click or tap here to enter text. | Click or tap here to enter text. |

Have all researchers completed the required CITI trainings? Required. Attached certificates

Project Title: Title

Estimated Start Date: StartEstimated End Date: End

Is the project externally funded? Choose an item.

 If yes: Name of Funder: Click or tap here to enter text.

Amount of Funding: **$**Click or tap here to enter text.

Level of Review Requested (*IRB makes final decision of level of review*): Choose an item.