

IRB MEMBER ROSTER FIELDS

OR 201-A

5/1/06

Name of Committee	Institutional Review Board		Designee <input type="checkbox"/>
Name			
All Relevant Academic Degrees			
Credentials & Licenses			
Professional Certification(s)			
Title			
Name of Employer/Affiliation			
Address1			
Address2			
Phone			
Fax			
E-mail			
Member Status (Chair / Alternate / Regular / Non-voting)			
Relationship to Institution (Faculty / Staff / Consultant / None (past and present including immediate family members))			
Representative Capacity (Scientific / Non-scientific / Community / Prisoner / Rep, Etc.)			
Professional Specialty (As relates to IRB activities)			
Vulnerable Population Representation? (Children, pregnant women, fetuses, adults unable to consent or other)			
Alternative for (List Regular Members for which you are an Alternate)			
Term	Date Appointed:		Date Term Expires:
Designee Authority	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:
Expertise/Experience Prior jobs, certifications, field of work, doctoral training			