# TGH EMPLOYEE CREDENTIALING APPLICATION FOR RESEARCH

## Office of Clinical Research

researchcredentialing@tgh.org

In accordance with Tampa General Hospital policy, employees of Tampa General Hospital require authorization to perform any functions related to clinical research at TGH and must complete a credentialing application through the TGH Office of Clinical Research (OCR).

***No research activities are to be initiated until credentialing approval has been granted***.

The following documentation must be received by this office:

- A completed application that is signed and dated
- A copy of your current resume/CV that is signed and dated with **no** personal information such as DOB, home address, etc. ***Electronic Signature on the first page is preferred.***
- A copy of your nursing or other professional license.
- ***Certificate*** of CITI training that includes Biomedical Research and Protection of Human Subjects. This can be completed on-line at http://www.citiprogram.org/. ***Minimum course required: Biomedical Research Investigators.*** Please submit a copy of the appropriate document, **not** a link to the document.
- A completed and ***signed*** Supervising Licensed Independent Practitioner (LIP)/TGH Supervisor Employee Authorization Statement. This individual will be responsible for supervising the employee during their involvement with the proposed research and must be privileged through TGH Medical Staff Services or a be a TGH employee. Re-credentialing is required annually.
- **Completion of Mandatory Annual Research Education**. Please click on the link in blue to access and complete this training: Research Credentialing Education 2022 You will need to review the presentation and take a quiz. Once you successfully complete it, this office will be notified.
- All forms are fillable PDFs. If you are using Adobe Reader or any Adobe product, you should be able to complete the areas that require signatures.
- Failure to submit a complete package will delay the processing of your application. The office will perform a final review of all required documents. If everything is in order, an approval notice will be sent via email.

Please complete the forms and return to **researchcredentialing@tgh.org** for processing and approval.

I. Personal Information

Name: _____
First Middle Initial Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

TGH e-mail: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____ Phone: _____

Current Position and Dept. _____

Length of time in current position _____

Is this research project conducted for a school requirement (for credit)?

☐ Yes ☐ No

Please indicate your credentials:

☐ MD
☐ PhD
☐ RN
☐ ARNP
☐ CCRA
☐ BSN
☐ BS/BA
☐ AS/AA
☐ CCRC
☐ Other_____

II. Professional Information

Affiliation: _____
(Name of group or department you will be working under)

Please list the Principal Investigators that you intend to work with:
_____
_____
_____

Please indicate the types of studies that you expect to be involved in:
___Chart Review
___Registry
___Observational
___Survey
___Drug Trials
___Device Trials
___Industry Sponsored
___Investigator Initiated

*I understand that my involvement with human research is a privilege that is to be conducted under the ethical principals of respect for all persons, beneficence, and justice. I am committed to protecting the privacy of patient health information during any data collection that I am responsible for and am committed to minimizing risk for any patients that I care for during the conduct of the research that I am involved in. I will conduct all research related activities according to the TGH and IRB approved study protocol and will maintain patient safety at the forefront of all research activities with which I am involved.*

_____ _____
**Applicant Signature** **Date**

**Supervising Licensed Independent Practitioner (LIP)/TGH Supervisor**
**Employee Authorization Statement**

Applicant Name: _____

Applicant Credentials (if any): _____

Name of Supervising (LIP) or TGH Supervisor: _____

Credentials of (LIP) or TGH Supervisor: _____

Directions: Please provide a statement detailing the duties that the above listed applicant will be performing under your direction at TGH:

___ Chart Review
___ Observational
___ Rounding
___Clinical Research
___ other (specify below)

_____
_____
_____
_____
_____

**For RESEARCH ONLY, please check all that apply:**

☐ Screening for potential research subjects.

☐ Obtaining informed consent/HIPAA authorization from subjects or their families.

☐ Obtaining data from subjects' medical records (access to Epic).

☐ Monitoring study subjects throughout study duration (including during TGH hospitalization).

☐ Scheduling tests and/or procedures per the approved protocol.

☐ Ordering labs and/or procedures per the approved protocol.

☐ Obtaining labs and performing other necessary tests/procedures per the approved protocol.

Define tests/procedures: _____

☐ Liaison for residents/physicians regarding research process and required patient care specific to research study.

☐ Providing inservices to TGH staff on study material.

☐ Preparing, maintaining, and submitting regulatory paperwork for TGH and IRB review.

☐ Preparing, maintaining, and submitting TGH enrollment and billing forms to ensure proper notification and billing of tests/procedures related to the research study.

☐ Monitoring of study subjects for adverse events.

☐ Transportation of study drug or device from pharmacy or office to subject.

☐ Administration of study medications per the approved protocol, and within the scope of their License and competency/training.

☐ Assist the PI with placement of a device such as an HUD/HDE, IDE, etc. (licensed personnel only).

☐ Other: _____

**Approval:**

☐ Recommended ☐ Not Recommended

☐ Recommended with the following stipulations:

_____

_____

_____

_____

Reviewed by (please print): _____
Supervising Physician/TGH Supervisor name

Signature: _____ Date: _____
Supervising Physician/TGH Supervisor (Required)

Contact Number of Supervising Physician/TGH Supervisor Providing Statement: (Required)

_____ Email address (Required): _____