



TGH EMPLOYEE CREDENTIALING APPLICATION FOR RESEARCH

Office of Clinical Research
research@tgh.org

FOR OCR USE ONLY:

- Application
- Resume/CV
- Copy of Current License
- License Verified
- Human Subject Education
- complete Mindlab (search requirements for research and complete module)
- Mindlab transcript received
- Staff notified of approval
- Project coordinator notified of approval
- Staff info entered in Merge

Date Application Received by OCR: _____

Date Credentialing Approved by OCR: _____

Notes:

In accordance with Tampa General Hospital policy, individuals requesting authorization to perform any functions related to clinical research at TGH are required to complete a credentialing application with the following supporting documentation and must comply with all enrollment notification and billing procedures required for each study.

Additional documentation that must be submitted with this packet includes:

- A copy of your current Resume/CV and current nursing license, if applicable.
- Protection of Human Subject Education Certificate (can be completed on-line at <http://www.citiprogram.org/>. List affiliated institution as USF). You will need to complete the Biomedical Investigators and Key Personnel Basic Course.

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

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



CONFIDENTIALITY STATEMENT

I, _____ will be participating in research studies that are to be conducted at Tampa General Hospital. Any and all TGH related studies that I serve on as a research staff member will be approved by Tampa General Hospital and a TGH affiliated Institutional Review Board.

I realize that, in the course of my work, I may be exposed to confidential information regarding patients.

I understand that any and all patient information is confidential and protected under State and Federal regulations governing hospitals and patient rights. Violations of the sections may carry penalties.

I further understand that no patient names or data may be abstracted or removed from the hospital other than as identified in the research protocols and approved in the Tampa General HIPAA Authorizations.

I understand the above conditions and agree to comply with them.

Signature

Date

Print Name