TGH STAFF CREDENTIALING APPLICATION FOR RESEARCH

Office of Clinical Research
Laini waters
lwaters@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:

_____

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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.

Please fill out all of the information included and return it to OCR at lwaters@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**

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