



CLINICAL RESEARCH STUDENT/VOLUNTEER CREDENTIALING APPLICATION

Office of Clinical Research

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FOR OCR USE ONLY:

- Application
- Resume/CV
- Human Subject Education
- Signed PI Statement
- Badge requested on Portal
- Badge Number: _____
- OD contacted for mapping
- Student contacted for Mindlab
- Mindlab Transcript Received
- Student notified of approval
- Project coordinator notified of approval
- Student info entered in Merge

Date Application Received by OCR: _____

Date Credentialing Approved by OCR: _____

Notes: _____

In accordance with Tampa General Hospital policy, students/volunteers requesting authorization to perform any functions related to clinical research at TGH are required to complete a credentialing application with the following supporting documentation:

- A copy of your current Resume/CV
- 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.
- Signed Investigator statement of responsibility from an attending physician, for your actions during your involvement under the proposed research.
- A copy of your Mindlab transcript, showing completion of online orientation and Epic training, if applicable. Instructions for completion of Mindlab modules will be sent to you separately, after you submit the initial credentialing application.

Student/volunteer duties regarding research activities are limited to retrospective data collection and data processing or analysis.

Students/volunteers may not be involved in any patient contact for the purpose of recruitment/consenting or study visit implementation.

A TGH badge will be issued upon receipt and approval of all documentation. Badges must be worn at all times while on the hospital premises.

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)

Work Address: _____

City: _____ State: _____ Zip: _____

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 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



INVESTIGATOR'S STATEMENT OF RESPONSIBILITY

Principal Investigator/ TGH supervisor: _____

Institution/ Dept: _____

Student Name: _____

- I will be sponsoring the above named student for a research internship from _____/_____/_____ to _____/_____/_____ (Dates).
- I understand that the student may not be involved in any patient contact for the purpose of recruitment, consenting, or study visit implementation.
- I understand that the student's duties regarding research activities are limited to retrospective data collection and data processing or analysis.

By signing below, I agree to be responsible for the student's conduct while under my supervision for this research role.

Principal Investigator/TGH supervisor*

***Student sponsor must be an attending physician privileged through TGH Medical Staff Services or a TGH employee.**