

Supplement to Credentialing: Research Activity Form

Name: _____

Date: _____

Email Address (for updates in policy): _____

Number and Type of Studies Completed/Ongoing:

Certifications (check all that apply)*:

	Certification	Certifying Agency
<input type="checkbox"/>	CCI (Certified Clinical Investigator)	Drug Information Association (DIA)
<input type="checkbox"/>	CCRI (Certified Clinical Research Investigator)	Association of Clinical Research Professionals (ACRP)
<input type="checkbox"/>	CCRA (Certified Clinical Research Associate)	Association of Clinical Research Professionals (ACRP)
<input type="checkbox"/>	CCRC (Certified Clinical Research Coordinator)	Association of Clinical Research Professionals (ACRP)
<input type="checkbox"/>	CIM (Certified IRB Manager)	National Association of IRB Managers (NAIM)
<input type="checkbox"/>	CIP (Certified IRB Professional)	Public Responsibility in Medicine and Research (PRIM&R)
<input type="checkbox"/>	CPI (Certified Physician Investigator)	American Academy of Pharmaceutical Physicians (AAPP)

If Certified, please attach the most current certificate

***If not certified**, please attach a Certificate of Training from the **CITI Course In The Protection Of Human Research Subjects/Ardent Health Services or Psychiatric Solutions, Inc. Institution Module** located at <https://www.citiprogram.org/default.asp>.

Potential Conflict of Interest Disclosure:

	Yes*	No
Do you have a significant equity interest in any pharmaceutical/device/biotech company? Significant equity interest is defined as any ownership interest, stock options, or other financial interest whose value cannot be readily determined through reference to public prices (generally, interests in a nonpublicly traded corporation), or any equity interest in a publicly traded corporation that exceeds \$50,000.		
Do you have a proprietary interest in any medical product being tested or marketed? Proprietary interest is defined as property or other financial interest in the product including, but not limited to, a patent, trademark, copyright or licensing agreement.		
Do you receive payments or other remuneration (e.g. equipment) from any pharmaceutical/device/biotech company (outside of payments for clinical studies) for consultation, honoraria, speaking, unrestricted research grants etc?		
Does any of the above apply to your immediate family (parents, children or grandchildren)?		
* ATTACH A DETAILED EXPLANATION OF ANY 'YES' ANSWER TO THIS FORM WHICH INCLUDES 1) THE SPONSOR; 2) NATURE/AMOUNT OF THE INTEREST AND 3) STEPS TAKEN TO MINIMIZE THE POTENTIAL FOR BIAS. THIS INFORMATION WILL NOT BE DISCLOSED BEYOND THE CREDENTIALING COMMITTEE AND RESEARCH STAFF		