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| **All personnel involved in the design, conduct, or reporting of the research proposed in the related IRB application** | | | | | |
|  | **Name and Title** | | **Department/School** | | ***This person is involved* in consent** |
| ***Researcher\*:*** |  | |  | |  |
| ***UCR Faculty Advisor/Supervisor (if applicable)\*:*** |  | |  | |  |
| **Co-Investigator (Co-I):** |  | |  | |  |
| ***All investigators and staff conducting research must complete*** [***CITI Training***](https://research.ucr.edu/ori/irb-sb/citi-instruction)***. Investigators and staff conducting clinical trialsare required to take GCP training. Required training must be renewed every 3 years.***  ***\*IRB approval cannot be issued until the researcher and advisor/supervisor (if applicable) have completed the required ethics training.***  ***Please complete each column.*** | | | | | |
| **Name (Last, First) /**  **Role in study (design, conduct, reporting, other)** | | **Institutional Email Address** | [**CITI Training**](https://research.ucr.edu/ori/irb-sb/citi-instruction) **complete** | **GCP**  **Training complete** | ***This person is involved* in consent** |
| **EXAMPLE:**  The Bear /Scotty (conduct) | | **EXAMPLE:**  scottythebear**@ucr.edu** |  |  |  |
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| **Researcher-Faculty Advisor/Supervisor Acknowledgement** | | | | | |
| My signature as Faculty Researcher or Faculty Advisor/Supervisor confirms all members of the research team are appropriately credentialed and trained to perform the work undertaken in this project and all research-related activities. I will provide appropriate supervision to students and/or postdocs and other members of the research team. I further confirm that members of the research team are not in violation of UCR’s conflict of interest policy while participating in this research. As the UCR Faculty Researcher or Faculty Advisor/Supervisor, I understand I am ultimately responsible for the scientific and ethical conduct of the research. | | | | | |
| **UCR Faculty Researcher or Faculty Advisor Signature:** | | | | **Date** | |
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**APPENDIX: PROJECT ROSTER**

*This required form must be typed out and submitted with the* [*UCR IRB Application for Use of Human Participants/subjects in research*](https://research.ucr.edu/sites/g/files/rcwecm4286/files/2020-09/ori-irb_application.docx) *form via e-mail (*[*irb@ucr.edu*](mailto:irb@ucr.edu)*). The IRB application will not be approved without it. The roster should be updated and revised as new members are added or removed from the project.*