**Instructions:** A personnel form is required for initial applications and amendments when adding or removing research personnel. Please save this form to your computer before proceeding. Attach this form to your IRB electronic submission.

Please list in ***Section 1: Current Personnel*** all research personnel responsible for or working on this protocol, including the Principal Investigator. Individuals who have any interaction with participants or identifiable participant data must have current human subject research training. For more information on the human subjects training requirement, please visit the CU IRB website.

Please list additional training and/or certifications relevant to the study in the tables provided below (e.g., translator qualifications, blood borne pathogens, fMRI, first aid/CPR, other emergency training, specific methodology, etc.). Appropriate documentation of training or certifications should be kept with the PI’s research records.

**Section 1: Current Personnel**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**(Last Name, First Name) | **Email**(You may include additional email addresses; however, all email correspondence will be sent to researchers' institutional email accounts) | **Institutional Affiliation**(Name of the researcher’s home institution. If not affiliated with an institution indicate “NA” | **Research Role/Title**(drop downlist) | **Human Subjects Research Training Date**(IRB staff will verify at time of intake of protocol submission) | **Responsible for design, conduct, or reporting?**(Yes/No) | I**nteracts with subjects and/or identifiable data or bio-specimens?**(Yes/No) | **Brief description of Research Responsibilities**(consenting participants, data collection, data analysis, etc.) | **Additional Relevant Training or Qualifications** |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |
| Last Name, First Name | Email address. | Name | Choose role. | Enter date | Yes or No | Yes or No | Description | Additional Information |