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Human Research Protection Program (HRPP) - Office of Research Assurances

PO Box 643143 Neill Hall 427 Pullman, WA 99164-3143

Telephone: (509)335-7646 Email: [irb@wsu.edu](mailto:irb@wsu.edu) Web site: [www.irb.wsu.edu](http://www.irb.wsu.edu)

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| **PRINCIPAL INVESTIGATOR ELIGIBILITY REQUEST FORM** |

**Form instructions:**

* Request and the supporting materials should be emailed to irb@wsu.edu. Subject line: “PI eligibility request form”.
* Do not leave questions blank. Write “N/A” if not applicable.

**Submission Checklist:**

* CITI training or equivalent
* Curriculum vitae (if applicable)
* Letter of support and recommendation for PI status from the appropriate WSU authority (Chair, Director or Dean), describing the applicant’s job title and expected duration of affiliation with WSU, the applicant’s qualifications, and the level of mentorship that will be provided (if applicable)
* Endorsement of the recommendation by the Principal Investigator if the proposed research is a component of a funded sponsored project for which the applicant is not the PI.

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| **SECTION 1. PROJECT IDENTIFICATION (to be completed by the individual requesting PI eligibility)** |

1. **Provide principal investigator (PI) contact information (a-h).**
2. **PI Name:** [REQUIRED FIELD]
3. **WSU ID #:** [REQUIRED FIELD]
4. **College campus:** [REQUIRED FIELD]
5. **College area:** [REQUIRED FIELD]
6. **College department:** [REQUIRED FIELD]
7. **Address/mail code:** [REQUIRED FIELD]
8. **Phone:** [REQUIRED FIELD]
9. **Email:** [REQUIRED FIELD]

University Status:

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| Emeritus faculty |
| Visiting faculty |
| Adjunct faculty |
| Clinical faculty who have primary appointments at other institution |
| Visiting scientist |
| Resident |
| Post-doctoral fellow |
| Clinical fellow |
| Staff whose appointments include responsibility for the direct, independent design and direction of research |

1. **Provide information about the study and reason for the request below.**
   1. **Study Title** [REQUIRED FIELD]:
   2. **Sponsor** [REQUIRED FIELD]:
   3. **Description/Scope of Work** (Limit 500 characters) [REQUIRED FIELD]:
   4. **Reason for this request** (Limit 500 characters) [REQUIRED FIELD]:
   5. **List qualifications and any credentials required to serve as PI in the conduct of research involving human subjects** (Limit 500 characters) (attach Current curriculum vitae as needed) [REQUIRED FIELD]:

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| **SECTION 2. DEPARTMENT CHAIR/DIRECTOR OR DEAN AUTHORIZATION (To be completed by the Department Chair/Director or Dean)** |

Please indicate that you have read and will comply with each statement by checking the boxes.

* I recommend that the above-named individual be approved to serve a Principal Investigator on this project
* I certify that I agree to **assume all responsibilities, including financial**, for this project if the named Principal Investigator fails to complete their responsibilities related to human research and Human Research Protection Program.
* I certify that this individual is qualified to serve as PI on this project and that they have the appropriate credentials and experience to do so.

Signature:  Date:

1. **Full Name:** [REQUIRED FIELD]
2. **Title:** [REQUIRD FIELD]
3. **Department/Center**: [REQUIRED FIELD]