



UH RESEARCH CREDENTIALING CERTIFICATION FORM

I, _____ (Applicant) am applying to work on the following Research Project(s):

If you are working on more than two projects, please attach a second sheet listing the rest of the projects.

UH Department in which you will be working: <i>Please also specify Adult or Pediatric</i>	
UH Department Administrator Printed Name:	

IRB Protocol Number	Access to PHI Required?	Direct UH Patient Access Required?	UH Property Access Required?	Principal Investigator
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide a brief description of your roles and responsibilities for the Research Project(s).

UH PI Attestation: I hereby certify that the abovenamed Research Applicant is working with me on the Research Project. I understand and agree that I must (i) monitor the performance of all activities completed by the Research Applicant and ensure compliance with UH policies and procedures, (ii) ensure that any PHI is provided to the Research Applicant in accordance with UH policies, (iii) ensure that the Research Applicant is only given access to the minimum necessary information to perform duties as described on this form, and (iv) notify the credentialing office if any information on this form changes.

UH PI Printed Name: _____ **UH PI Signature:** ✕ _____ **Date:** _____

UH Sponsor Attestation: I hereby certify that I am the designated UH Sponsor responsible for the Research Applicant. I attest that I am a UH employee with knowledge of the Research Applicant's roles and responsibilities. I understand I must (i) ensure that any access provided to UH IT systems is properly granted and monitored (See Policy IS-14); the access granted must be the minimum access necessary to complete the Research Project; access must be terminated as soon as the Research Applicant has completed his/her duties related to the Research Project, (ii) ensure that the Research Applicant has been cleared by Employee Health (see Policy IC-7) prior to his/her start date if the Research Applicant will be present at a UH facility, and (iii) notify appropriate parties if a Research Applicant discontinues participation.

UH Sponsor Printed Name: _____ **UH Sponsor Signature:** ✕ _____ **Date:** _____