# CIP® Recertification by Continuing Education Application

## Contact Information

<table>
<thead>
<tr>
<th>Name, Credential(s):</th>
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<tbody>
<tr>
<td>Title:</td>
<td>Institution:</td>
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<tr>
<td>Address:</td>
<td>City/State/Zip:</td>
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<tr>
<td>Phone:</td>
<td>Fax:</td>
<td>Email:</td>
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Date of Most Recent Certification: Certificate Number (if known):

## Data & Privacy

PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.

I want to participate in these research activities: ☐ Yes ☐ No

*Canadian and EEA/EU Residents Only:* In accordance with Canada’s Anti-Spam Law and the General Data Protection Regulation, you must opt in to be added to our mailing list. By checking yes, you are providing express consent to receive messages from PRIM&R, including updates and promotions for PRIM&R products and events. You can withdraw your consent at any time by writing to us at 20 Park Plaza, Suite 1421, Boston, MA 02116, or via email at privacy@primr.org.

I want to receive email from PRIM&R: ☐ Yes ☐ No

## Responsibility Areas

*Select all that apply.*

- ☐ Attending Veterinarian
- ☐ IACUC Chair
- ☐ IRB/REC Member
- ☐ Regulatory Compliance Coordinator/Officer
- ☐ Conflict of Interest Personnel
- ☐ IACUC Director/Manager
- ☐ Laboratory Personnel
- ☐ Research Administrator
- ☐ Educator
- ☐ IACUC Member
- ☐ Media Representative
- ☐ Research Counsel/Attorney
- ☐ Ethicist
- ☐ IBC Administrative Personnel
- ☐ Nonaffiliated/Community/Non-Scientific Committee Member
- ☐ Research Personnel
- ☐ Grants/Contracts Personnel
- ☐ IBC Chair/Member
- ☐ Patient Advocate
- ☐ Researcher
- ☐ HRPP/IRB/REC Administrative Personnel
- ☐ IBC Director/Manager
- ☐ Public Relations/Communications Personnel
- ☐ Student
- ☐ HRPP/IRB/REC Director/Manager
- ☐ Institutional Leadership/Executive/Institutional Official
- ☐ Quality Assurance Personnel
- ☐ Veterinary Personnel
- ☐ IACUC Administrative Personnel
- ☐ IRB/REC Chair
- ☐ Regulator/Policymaker
- ☐ Other: ____________

## Interest Areas

*PRIM&R uses these to segment our email lists so we can send you the email notifications that are most relevant to you.*

- ☐ Animal Care & Use/Animal Welfare
- ☐ Human Subjects Protections — Biomedical
- ☐ Human Subjects Protections — Social/Educational/Behavioral
Application Fees

☐ PRIM&R member rate $350
☐ Nonmember rate $475

Membership: Not a member yet? Add membership and receive member pricing!
☐ One-year individual membership $215

Payment Method & Submission

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| Purchase Order | PO #: ________________
|                 | Please include a copy of the purchase order with application. Your application will not be processed until the purchase order is received. |
| Check          | Check #: __________________
|                | If you are paying by check, please note that payment is expected before your application can be processed. Please make checks payable to PRIM&R. Your application will not be processed until the check is received. |
| Credit Card    | To keep your information secure, candidates who pay by credit card will be invoiced for secure online payment. Your application will not be processed until payment is received. Please contact certification@primr.org with any questions. |

If paying by check, send your completed application form and payment to PRIM&R:
P.O. Box 849502, Boston, MA 02284-9502
Fax: 617.423.1185
Email: certification@primr.org

Note: Checks must be sent to our P.O. Box listed above and we cannot accept payments requiring a signature. Please contact certification@primr.org if you have questions.

Continuing Education Credits & Candidate Signature

I certify that I continue to meet eligibility requirements for certification as a Certified IRB Professional, as outlined in the CIP Handbook. My human research protections experience has been substantial and ongoing, as described in the CIP Handbook. I have not had any disciplinary action against any professional license or certification for which I currently hold or have held in the past. I have read and agree to abide by the Code of Ethics, as outlined in the CIP Handbook. All information provided in support of this application is current, accurate, and complete.

I certify that I have attained at least 30 documented hours of continuing education in topics within the CIP Body of Knowledge/Content Outline, as listed in the CIP Handbook, and were beyond the initial, basic, or fundamental level of knowledge; at least 15 of these hours carried credits issued by a recognized accrediting body or received advance recognition from the CIP Council. I understand I should retain the source documentation for at least three years after my submission of this application.

I also certify that any falsification of facts in this application or violation of the CIP Code of Ethics may lead to revocation of my CIP Certification.

Total number of credits requested

Candidate Signature ___________________________ Date ___________________________