

CIP® Recertification by Continuing Education Application

Contact Information

Name, Credential(s):			
Title:		Institution:	
Address:			
City/State/Zip:			
Phone:	Fax:	Email:	
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.

<input type="checkbox"/> Attending Veterinarian	<input type="checkbox"/> IACUC Chair	<input type="checkbox"/> IRB/REC Member	<input type="checkbox"/> Regulatory Compliance Coordinator/Officer
<input type="checkbox"/> Conflict of Interest Personnel	<input type="checkbox"/> IACUC Director/Manager	<input type="checkbox"/> Laboratory Personnel	<input type="checkbox"/> Research Administrator
<input type="checkbox"/> Educator	<input type="checkbox"/> IACUC Member	<input type="checkbox"/> Media Representative	<input type="checkbox"/> Research Counsel/Attorney
<input type="checkbox"/> Ethicist	<input type="checkbox"/> IBC Administrative Personnel	<input type="checkbox"/> Nonaffiliated/Community/Non-Scientific Committee Member	<input type="checkbox"/> Research Personnel
<input type="checkbox"/> Grants/Contracts Personnel	<input type="checkbox"/> IBC Chair/Member	<input type="checkbox"/> Patient Advocate	<input type="checkbox"/> Researcher
<input type="checkbox"/> HRPP/IRB/REC Administrative Personnel	<input type="checkbox"/> IBC Director/Manager	<input type="checkbox"/> Public Relations/Communications Personnel	<input type="checkbox"/> Student
<input type="checkbox"/> HRPP/IRB/REC Director/Manager	<input type="checkbox"/> Institutional Leadership/Executive/Institutional Official	<input type="checkbox"/> Quality Assurance Personnel	<input type="checkbox"/> Veterinary Personnel
<input type="checkbox"/> IACUC Administrative Personnel	<input type="checkbox"/> IRB/REC Chair	<input type="checkbox"/> Regulator/Policy maker	<input type="checkbox"/> 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.

<input type="checkbox"/> Animal Care & Use/Animal Welfare	<input type="checkbox"/> Human Subjects Protections — Biomedical	<input type="checkbox"/> Human Subjects Protections — Social/Educational/Behavioral
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Application Fees	
<input type="checkbox"/> PRIM&R member rate	\$350
<input type="checkbox"/> Nonmember rate	\$475
Membership: Not a member yet? Add membership and receive member pricing!	
<input type="checkbox"/> One-year individual membership	\$199

Payment Method & Submission	
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	AMEX/MC/VISA CC #: _____ Expiration: _____ CVV: _____ Name on Card: _____

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