

CIP® Examination Work Experience Verification Supplemental Form

This form is to be completed by the applicant,
and must be included with their CIP Certification Exam Application and CV/resumé.

Candidate Name _____

Job Title _____

Organization _____

Start Date _____ End Date _____

Percentage of work time dedicated to HRPP/IRB administration duties _____%

Please check the HRPP/IRB administration-related duties for which you are responsible:

- Managing HRPP policies and procedures
- Managing pre-review of IRB materials
- Managing review of IRB materials
- Managing exempt study review determinations
- Managing research protocol approval or reliance process
- Managing regulatory documentation
- Managing IRB records and databases
- Facilitating IRB meeting (e.g., ensure quorum, distribute meeting materials)
- Developing and provide education on IRB regulations and processes
- Providing consultation on IRB submission
- Monitoring for changes in federal regulations and guidance
- Managing review of noncompliance and unanticipated problems
- Managing IRB meeting minutes

Please briefly describe any other responsibilities relevant to your HRPP/IRB administration-related role that are not listed in the above checklist.

If your eligible experience is from more than one position, please fill out separate forms for each job.

I certify that I meet eligibility requirements for certification as a Certified IRB Professional, as outlined in the CIP Handbook. My HRPP experience has been substantial and ongoing, as described in the CIP Handbook. I have not had any disciplinary action taken against my professional license or certification 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

Candidate Name (Print): _____

Candidate Signature: _____

Date: _____