

2020 CIP® Recertification by Continuing Education Application

Candidate Information			
First Name			
Last Name			
Job Title			
Organization			
Address			
City		State	Zip
Email Address		Phone Number	
Date of Most Recent Certification		Certificate Number	
Percent of working time currently spent in IRB activities: <input type="radio"/> Less than half-time <input type="radio"/> More than half-time <input type="radio"/> Full-time Experience in IRB activities: <input type="radio"/> 4-6 years <input type="radio"/> 7-10 years <input type="radio"/> More than 10 years		Number of full-time or equivalent people in your office supporting IRB activities: <input type="radio"/> Less than 1.0 <input type="radio"/> 3.0 to 4.9 <input type="radio"/> 1.0 to 2.9 <input type="radio"/> 5.0 to 9.9 <input type="radio"/> More than 10 Scope of IRB Review: <input type="radio"/> Biomedical only <input type="radio"/> SBER only <input type="radio"/> Both Biomedical and SBER	
Application Fees		Payment Information	
<input type="radio"/> Add membership with this application for \$199. By selecting this option, you are eligible for the Member rate below. You can also select this option to renew an existing membership. If you are not a member and do not add membership, please register at the nonmember rates.		Purchase Order	
		Purchase order number	
		Check	
		Check number	
Member Rate	<input type="checkbox"/> \$350	<input type="checkbox"/> Credit Card: Card type: <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Nonmember Rate	<input type="checkbox"/> \$475		
		Expiration date	Card Number
Please send your completed application form to PRIM&R via: Email: certification@primr.org. Mail: PO Box 849502 Boston, MA 02284-9502 Fax: 617.423.1185		Name on card Note: Payments requiring signature upon delivery cannot be sent to our payment address. If you need a signature upon receipt of payment, please send your application form to: PRIM&R, 20 Park Plaza Suite 720, Boston, MA 02116	
Data and Privacy			
I wish to continue to receive email from PRIM&R:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. Note: <i>All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.</i>		I want to participate in these research activities: <input type="checkbox"/> Yes <input type="checkbox"/> 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 720, Boston, MA 02116, or via email at privacy@primr.org.		I want to receive email from PRIM&R: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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 _____

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

<p>Gender:</p> <p><input type="radio"/> Female <input type="radio"/> Male</p> <p><input type="radio"/> Transgender <input type="radio"/> Self-Identify: _____</p> <p>Age:</p> <p><input type="radio"/> 18-24 <input type="radio"/> 25-34</p> <p><input type="radio"/> 35-44 <input type="radio"/> 45-54</p> <p><input type="radio"/> 55-64 <input type="radio"/> 65 and over</p> <p><input type="radio"/> Prefer Not to Say</p>	<p>Ethnicity (check all that apply):</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian (including Indian subcontinent and Philippines)</p> <p><input type="checkbox"/> Black or African American (including Africa and Caribbean)</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White (Including Middle East)</p> <p><input type="checkbox"/> Hispanic/Latino (including Spain)</p> <p><input type="checkbox"/> Prefer Not to Say</p> <p><input type="checkbox"/> Other: _____</p>
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