**Yale University Institutional Review Boards**

**Request for Permission to Serve as Principal Investigator on a Research Protocol Involving Human Subjects**

**100 FR 20 (2021-1)**

This form is used to document permission to serve as a Principal Investigator on a research project involving human subjects for an investigator that is otherwise ineligible to serve in that role according to the Faculty Handbook. It must be signed by the Department Chair and the applicable Dean’s Office.

**Title of Research Protocol (s)**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**IRES IRB #** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed PI:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Yale Affiliation/Title/Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Full time:  Part time  Voluntary Former Faculty Wishing to Retain Research at Yale**

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Briefly describe past experience involving research with human subjects. Include number of years conducting research and type of research performed.** |
|  | |
|  | **Will the research protocol be conducted as any part of the applicant’s employment responsibilities at another institution? (e.g., does the potential PI have a paid appointment at another institution which is also engaged or participating in the research project?**  **Yes No**  **If YES, describe below.** |
|  | |
|  | **For part time faculty or voluntary faculty: Will the research protocol be conducted as any part of the applicant’s Yale responsibilities? (e.g., is the protocol purpose consistent with Yale’s expectations of the applicant’s role?)**  **Yes  No  N/A**  **If YES, describe below:** |
|  | |
|  | **If the proposal is from a part time faculty member, have appropriate arrangements been made to oversee the project when the PI is not present at Yale?**  **Yes No N/A**  **If YES, name of responsible Yale full time faculty member:** |
|  | |
|  | **If the proposal is from a voluntary faculty member, have appropriate arrangements been made to ensure that the project will be managed by a full-time Yale faculty member in accord with Yale policies?**  **Yes No N/A**  **If YES, name of person responsible for oversight:** |
|  | |

**Departmental Support for the Project (to be completed by the Department Chair)**

*Verify that the following criteria are met regarding the investigator requesting PI status by checking each box next to each statement:*

The investigator has sufficient resources/facilities to carry out the research.

The investigator is qualified by training and experience to personally conduct and/or supervise the research described in the protocol.

The investigator has completed all institutional credentialing or other requirements, if any, to conduct the research.

The department will assume responsibility for the study including close-out or other activities if the investigator is not able to do so.

I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and that the individual named above has my approval to serve as Principal Investigator. In the event that this individual is no longer able to serve as PI on this project, my college/department will assume responsibility for the conduct of this research in accordance with all applicable federal regulations and state laws, institutional policies and procedures, and the requirements and determinations of the Yale University Human Research Protection Program (HRPP).

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Signature of the Department Chair Date

**Dean’s Approval**

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Approved for the Dean’s Office (Signature) Date