

**BROWN UNIVERSITY**

**APPENDIX I**

**ADVISOR APPENDIX**

|  |
| --- |
| **Protocol Title:** Click or tap here to enter text.**Protocol # (if amendment):** Click here to enter text.**Principal Investigator (PI):** Click here to enter text. **Date of submission:** Click here to enter a date. |

|  |
| --- |
| **The research advisor must complete and sign this form when a graduate or medical student is the Principal Investigator.**  |
| PART 1: Advisor name and contact information.Advisor: Click or tap here to enter text.Department: Click or tap here to enter text.Phone number: Click or tap here to enter text.Email address: **Click or tap here to enter text.** |
| **PART 2: Advisor human subjects education**Human Subjects CITI training is complete: [ ]  Yes [ ]  No Good Clinical Practice (GCP) training is complete ([clinical trials](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control/irb/clinical-trials) only): [ ]  Yes [ ]  No [ ]  N/A HIPAA training is complete (if using [PHI](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control/irb/hrpp-glossary#PHI)): [ ]  Yes [ ]  No [ ]  N/A |
| **PART 3: Conduct of the Research**[ ]  I accept joint responsibility with the student PI for the ethical conduct of this research and protection of participants as set forth in the [Belmont Report](https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/index.html), [Common Rule](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=83cd09e1c0f5c6937cd9d7513160fc3f&pitd=20180719&n=pt45.1.46&r=PART&ty=HTML), and Brown University policies.[ ]  I certify that I have sufficient time and resources to advise the student investigator in the conduct of this research. |
| [ ]  I will cooperate with any post-approval monitoring or auditing of study activities and/or study records as requested or required by the Brown Office of Research Integrity, the Brown IRB, funding entities, sponsors, and/or any federal or state regulatory agencies. |
| **PART 4: Study records, Reports and Documentation**[ ]  I will ensure that this study remains in compliance with Brown’s [*Research Data and Research Materials Management, Sharing and Retention Policy*](https://www.brown.edu/research/content/research-data-team#Brown%20Policies)*.*[ ]  If the student PI leaves Brown prior to three years following the end of this research, or for a longer length of time if specified in applicable regulations or sponsor requirements, I will retain all study records and will take measures to prevent accidental or premature destruction of these records.[ ]  If the student PI leaves Brown or in any other way becomes ineligible to serve as a student PI on this study, I will work with HRPP to close/transition the study if the student PI has not already done so. |
| PART 5: Certifications and Signature[ ]  I have the authority, in accordance with my appointment type at Brown, to serve as an advisor to the student PI conducting the proposed study. [ ]  I have read the complete protocol and affirm that this study is being conducted:1. using sound research design and methods in accordance with the relevant scientific discipline;
2. in a manner that is consistent with any applicable terms of the study’s funding source(s); and
3. in accordance with applicable laws, regulations, and institutional policies.

[ ]  If I become unavailable to advise the student throughout the course of the proposed human subjects research, I will transfer responsibilities to another qualified advisor and ensure that the HRPP is notified of this change.**Advisor’s name (please print):** Click or tap here to enter text. **Advisor's signature:** **Date:**  Click here to enter a date. |