**Co-PI Approval Form**

Please have each Co-PI **fill out the sections below, including their signatures**. If there are more than 10

Co-PIs, please duplicate the section and signature line and include it in a separate document and upload it to the application.

*By signing this form, I certify that I am familiar with Kean University policies and federal and state regulations regarding the protection of human subjects in research. I will not begin this study until I receive a written notice of approval, without provisions, from the IRB. I will conduct this study following the approved protocol. I will report any adverse events or emergent problems to the IRB; will obtain IRB approval before implementing any modifications of protocol; and will request continuing review and approval for any activities beyond the study end date.*

# Co-PI 1 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date

# Co-PI 2 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date

# Co-PI 3 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date

# Co-PI 4 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date

# Co-PI 5 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date

# Co-PI 6 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date

# Co-PI 7 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date

# Co-PI 8 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date

# Co-PI 9 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date

# Co-PI 10 (complete if applicable)

Co-PI Name:

Faculty Undergraduate Student\* Graduate Student\* Staff Department (do not abbreviate): Home Address: Email Address: Day Phone:

Proof of successful completion of CITI Training is attached

Signature of co-PI (if applicable) Date