

**INSTITUTIONAL REVIEW BOARD—MEMBERSHIP APPLICATION / MEMBER UPDATE**
**CONTACT INFORMATION**

Name: <a href="#">Click here to enter text.</a>	Application/Update Date: <a href="#">Click here to enter text.</a>
Professional Degrees: <a href="#">Click here to enter text.</a>	Date of Birth: <a href="#">Click here to enter text.</a>
Home Address/City/State/Zip: <a href="#">Click here to enter text.</a>	
Home Phone: <a href="#">Click here to enter text.</a>	Cell Phone: <a href="#">Click here to enter text.</a>
E-Mail: <a href="#">Click here to enter text.</a>	

**PROFESSIONAL AFFILIATION**

Employer Name: <a href="#">Click here to enter text.</a>
Department/Specialty Area: <a href="#">Click here to enter text.</a>
Title: <a href="#">Click here to enter text.</a>
Work Address/City/State/Zip: <a href="#">Click here to enter text.</a>
Work Phone: <a href="#">Click here to enter text.</a>   E-Mail: <a href="#">Click here to enter text.</a>

**DEMOGRAPHIC INFORMATION**

Race/Ethnicity: <a href="#">Click here to enter text.</a>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
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**MEMBERSHIP INFORMATION**

Are you affiliated\* with PHS? Yes  No

\*An “affiliated” member is (or has an immediate family member who is) (1) a current clinical or non-clinical PHS staff member; (2) a paid or unpaid member of a PHS panel or board (not including the IRB); (3) a healthcare provider holding privileges to practice at PHS; (4) a volunteer working at PHS (unrelated to IRB service); (5) a paid or unpaid consultant or advisor to PHS; or (6) a retired staff member receiving pension or benefits.

If you answered yes above, how are you affiliated? [Click here to enter text.](#)

How did you hear about the PHS IRB? [Click here to enter text.](#)

Do you have specific knowledge and/or experience working with children, prisoners, or pregnant women? Yes  No

If you answered “yes” above, please explain: [Click here to enter text.](#)

Do you have specific knowledge and/or experience working with other vulnerable populations (e.g., mentally disabled, tribal populations, non-English speaking populations)? Yes  No

If you answered “yes” above, please explain: [Click here to enter text.](#)

**DEPARTMENT NOTIFICATION**

Would you like a copy of your IRB member appointment letter sent to your Department Head or Director? Yes  No  If yes, please provide contact information below.

Name and Title: <a href="#">Click here to enter text.</a>	Email: <a href="#">Click here to enter text.</a>
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Please save this form as a .pdf and email to [IRB@phs.org](mailto:IRB@phs.org), along with the latest version of your signed and dated CV/resume and copies of your professional licensure.

Thank you for your interest in serving on the PHS IRB!