**First Time PI Information Collection Form**

**Please enter a response for each item and upload the form as required**

1) Please list your appointments and credentials. It is expected that you hold an appointment in an area related to the subject under study and that you have the credentials and institutional privileges that qualify you to conduct the study procedures. (If you are not a licensed physician in the state of Maryland [e.g. have a PhD, are licensed in another country, etc.] please provide your information **as well as** the information of the MD or an equivalently credentialed provider (e.g. NP) listed on the study team that will be providing medical oversight of the protocol.)

2) Provide the name of any Senior Faculty you have to assist you in the conduct of this research and their role in project.

3) Describe any previous experience you have in conducting more than minimal risk human subject research. (e.g. Have you been a Co-Investigator, have you conducted research at another institution?)

4) Describe any training you have received specific to the conduct of this protocol, the procedures in the protocol and/or the conduct of clinical research. (e.g. Have you taken research courses beyond those required by the IRB? Have you received training on the conduct of the protocol or its procedures from the sponsor of the protocol?)

5) An adequate study team is critical to the safety and success of more than minimal risk research. List your study team members (study coordinator/ research nurse, co-investigators) who have experience in conducting the research outlined in this application. Describe the type (administrative, clinical, etc) and amount of support they are going to provide to the research. Affirm where necessary their training, certification, or credentials for study specific procedures.