

To: Ferdinand Urthaler, M.D.
Chairman, Institutional Review Board

From: _____

Date: _____

RE: Training Course

This memorandum serves as verification that I personally completed the following training program in the protection of human research subjects:

- NIH: Human Participant Protections Education for Research Teams
(**attach** NIH Completion Certificate)
- CITI: Course in Protection of Human Research Subjects (Non-UAB)
(**attach** CITI Completion Certificate)
- DUKE UNIVERSITY: AGREE (3 modules)
(**attach** 3 AGREE Certificates or 1 AGREE Transcript with 3 modules complete)
- Other Description: _____
(**attach** proof of completion)

Signature (this form must be signed by the person named below)

Printed Name

Date of Training Program Completion

CH20 Room 307, zip 2042

Campus Address

NOTE: I am affiliated with the UAB Department of Family & Community Medicine / Division of Research by way of my voluntary membership in the Alabama Practice Based Research Network (APBRN)

APBRN Coordinating Center – Phone: 4-9376. Email: jmwhite@uab.edu

Telephone Number and Email Address

<u>Medicine</u>	<u>Family & Community Med</u>	<u>DFCM Research</u>
UAB School	UAB Academic Department	UAB Medical Division
(or NA if not applicable)	(or NA if not applicable)	(or NA if not applicable)

The IRB Office must receive this memorandum before issuing a Certificate of Training for NIH, AGREE, CITI for Non-UAB employees, or events not listed at www.uab.edu/irb/training.

Please fax this memo, completed and signed – along with your training completion certificate - to the APBRN Coordinating Center / DFCM Research, Attn: Jean Marie White FAX # (205) 934-9398

Your certification of IRB training will sent by email to the address on record for you with the IRB. If no email address is registered, you may pick up your certificate at the UAB IRB Office. You may direct questions about IRB training to Bridgette Fredrick (bfredric@uab.edu) or Lee Griner (lgriner@uab.edu) in the OIRB (934-3789).