

Registration Form

Course Date/Time: Research Training Program - Fall 2018

First Name: Last Name: Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blazer ID: Job Responsibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Degree\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus address:

Phone: Email: \_\_

Gender: \_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hispanic: Yes/No

Background:

Years of research experience: Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you hear about this Program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have been involved in research, what has been the funding source? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What types of studies have you been involved in? Choose one or more below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_Drug \_\_\_\_\_Device \_\_\_\_\_Behavioral \_\_\_\_\_\_Registries

What research education courses have you taken in the past?

\_\_CITI Good Clinical Practice \_\_Training NIH Good Clinical \_\_Practice Training

\_\_NIH Protecting Human Subjects in \_\_Research UAB Investigator 101 Course

\_\_UAB Research Training Program

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RTP ENROLLMENT FEE: $150.00 (Please select your method of payment)**

**\_\_\_ Check (payable to UAB)**

**\_\_\_ Internal Order Form (for GL Oracle Accounts)**

**\_\_\_ Cost Transfer Form (for GA Grant Accounts)**

**IMPORTANT NOTE: If you choose to pay with a grant account, you MUST have an approval to spend letter from your award sponsor or the request will not be processed.**

Please email (mrknox@uabmc.edu) the Registration Form along with the Internal Order Form to Mikela Knox. All checks (personal, HSF or UAB) must be made payable to UAB and mailed to the attention of Mikela Knox, NHB2, 620 20th Street South, Birmingham, AL 35233.

Limited Enrollment – Registration will **not** be confirmed until payment is received.

Version 3-28-18