Individuals Authorized to Work with Identified/Identifiable

BHRD Data

(Other formats, such as from an IRB application may be used in lieu of this form provided the same information is included)

PI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Staff** | **Role** | **Human Subjects Training**  **(Date)** | **HIPAA Training**  **(Date)** | **Confidentiality Oath Signed**  **(Date)** |
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