**AUBURN UNIVERSITY HUMAN RESEARCH PROTECTION PROGRAM (HRPP)**

**PERSONNEL MODIFICATION APPLICATION**

For assistance, contact: **The Office of Research Compliance (ORC)**Phone: **334-844-5966** E-Mail: [**IRBAdmin@auburn.edu**](mailto:IRBAdmin@auburn.edu) Web Address: [**http://www.auburn.edu/research/vpr/ohs**](http://www.auburn.edu/research/vpr/ohs) **Submit completed form and supporting materials as one PDF through the** [**IRB Submission Page**](https://aub.ie/irbsubmission)Handwritten forms are not accepted. Where links are found hold down the control button (Ctrl) then click the link.

**(USE THIS FORM ONLY TO REQUEST A MODIFICATION TO KEY PERSONNEL)**

**Today’s Date:** Click or tap to enter a date.

**Principal Investigator (PI):** Click or tap here to enter text.

**AU IRB Protocol Number:** Click or tap here to enter text.

**Study Title:** Click or tap here to enter text.

**Add the following personnel**

**ONLY for expedited and full board studies is a copy of CITI documentation required when adding new personnel.**

|  |  |
| --- | --- |
| **Name:** Click or tap here to enter text. | **Degree(s):** Click or tap here to enter text. |
| **Rank/Title:** Choose Rank/TitleClick Rank/Title | **Department/School:** Choose Department/School |
| **Role/responsibilities in this project:** Click or tap here to enter text. | |
| AU affiliated?YesNo If no, name of home institution:Click or tap here to enter text. | |
| Plan for IRB approval for non-AU affiliated personnel?Click or tap here to enter text. | |
| Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project?  Yes  No | |
| If yes, briefly describe the potential or real conflict of interest:Click or tap here to enter text. | |
| Completed required CITI training?  Yes  No If NO, complete the appropriate [CITI basic course](https://cws.auburn.edu/OVPR/pm/compliance/irb/training) and update the revised Exempt Application form. | |
| If YES, choose course(s) the researcher has completed: Choose a course Expiration Date  Choose a course Expiration Date | |
| **Name:** Click or tap here to enter text. | **Degree(s):** Click or tap here to enter text. |
| **Rank/Title:** Choose Rank/TitleClick Rank/Title | **Department/School:** Choose Department/School |
| **Role/responsibilities in this project:** Click or tap here to enter text. | |
| AU affiliated?YesNo If no, name of home institution:Click or tap here to enter text. | |
| Plan for IRB approval for non-AU affiliated personnel?Click or tap here to enter text. | |
| Do you have any known competing financial interests, personal relationships, or other interests that could have influence or appear to have influence on the work conducted in this project?  Yes  No | |
| If yes, briefly describe the potential or real conflict of interest:Click or tap here to enter text. | |
| Completed required CITI training?  Yes  No If NO, complete the appropriate [CITI basic course](https://cws.auburn.edu/OVPR/pm/compliance/irb/training) and update the revised Exempt Application form. | |
| If YES, choose course(s) the researcher has completed: Choose a course Expiration Date  Choose a course Expiration Date | |

**Remove the following personnel**

|  |  |
| --- | --- |
| Name | Role in Protocol |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Signatures   
Signature of Principal Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date. **Signature of Faculty Advisor (If applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date. **\*\*Note IRB approval is required before requested revisions may be implemented**