**Institutional Review Board**

**Membership Application**

***Instructions: Complete this form and submit it to the IRB Office at*** ***FH.IRB.General@flhosp.org*** ***. Applicants will be chosen based on the need for particular expertise on the IRB. Individuals will be contacted for further consideration including an informal interview with Fouad Hajjar, M.D., IRB chair.***

**NAME:**

**POSITION:**

**DEPARTMENT:**

**DEPARTMENT CHAIR or INSTITUTION DIRECTOR:**

**EMAIL ADDRESS:**       **EXTENSION:**

**1. In two or three sentences, please explain why you would like to serve on the IRB:**

**2. Identify your skill set(s), attribute(s) or unique perspective that you would contribute to the IRB:**

**3. I have secured permission from my supervisor (Department chair/Institute Director) to serve as an IRB Member:**

[ ]  **Yes**

[ ]  **No**

**4. I have previous IRB membership experience:**

[ ]  **Yes**

[ ]  **No**

 **If yes, describe below:**