**Additional Investigators**

For office use only

Protocol #:
Date Received:

The Colorado Mesa University (CMU) Institutional Review Board (IRB) must review all projects that involve human participants. The IRB will determine whether the project meets federal guidelines and constitutes human participants research. **The project may not start until IRB approval is granted**. *CITI Training required prior to application submission.*

**Note:** CMU policy requires that all persons listed on this document show successful completion of training in the protection of human participants in research. Please attach CITI training completion report for all listed persons. This protocol will not be reviewed until all CITI training records are attached. *Further instructions are in red.*

**General Instructions**

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| 1. All submitted protocols must be signed and dated.
2. Student research must be reviewed, signed, and dated by the advisor.
3. This form is to be used when there are multiple co-investigators and there are more investigators than fit on the Request for Protocol Review form.
4. This form should be attached to a Request for Protocol Review Form or, if previously approved, this form should note the original protocol number that was approved.
5. Send completed electronic submission to irb@coloradomesa.edu.
6. To maintain proper record keeping, all communication with the IRB or the IRB Administrator must be through irb@coloradomesa.edu.
7. Questions may be addressed to the IRB Administrator at irb@coloradomesa.edu or by telephone at (970) 248-1424.
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**Project & Principle Investigator Information**

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| **Project Title:**       |
| **Principal Investigator:**       | Email:       |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:       |
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**Additional Investigators’ Information**

*NOTE: Please add only investigators NOT already listed on the Request for Protocol Review form.* *CMU Investigators should use their CMU email address for IRB documentation and communication.*

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| **Additional Investigator 1:**       | Email:       |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| **Additional Investigator 2:**       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| **Additional Investigator 3:**       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| **Additional Investigator 4:**       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| **Co-Principal Investigator 5:**       | Email:        |
| Department:       | Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| *If Principal Investigator (PI) or Co-PI is a student:* |
| Faculty Advisor/Chair of thesis or dissertation committee:        | CMU Email:       |
| Department:       | CMU Phone:       |
| CITI training number:       | CITI Human Subjects expiration date:      |
| **Required Signatures***NOTE: PI must sign and date below; otherwise signatures and dates should ONLY correspond to additional investigators listed above on this form and not otherwise accounted for on the Request for Protocol Review form.* |
| ***OPTIONS:*** *(1) Insert an image of your signature, such as those freely created and saved through sites like* [*SignWell*](https://www.signwell.com/online-signature/) *OR (2) Print this document, once completed but for signatures, sign, and scan the document with your signature.*  |
| **Principal Investigator (PI) Signature and Date:****Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that the information provided above is correct and that this research will be conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
|  |
| **Additional Investigator 1 Signature and Date:****Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that the information provided above is correct and that this research will be conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
|  |
| **Additional Investigator 2 Signature and Date:****Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that the information provided above is correct and that this research will be conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
|  |
| **Additional Investigator 3 Signature and Date:****Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that the information provided above is correct and that this research will be conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
|  |
| **Additional Investigator 4 Signature and Date:****Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that the information provided above is correct and that this research will be conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
|  |
| **Additional Investigator 5 Signature and Date:****Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that the information provided above is correct and that this research will be conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
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| **If PI is a student: Add Advisor/Sponsor Signature and Date *Note to Advisor/Sponsor:*** *After reviewing, please send completed protocol package from your CMU e-mail account to* *irb@coloradomesa.edu**.* |
| **Advisor/Sponsor Signature and Date:** **Signature:** {insert signature here}**Date:** Click for date. |
| [ ]  | By checking this box and typing or signing my name and date below, I certify that I have reviewed and approve this student submission. I agree to supervise the research conducted by the student and I am aware that I am the responsible party for this research. I certify that this research will be the conducted in accordance with federal regulations and CMU IRB policies and procedures on research with human participants. |
| **Advisor:** After reviewing, please send completed protocol package from your CMU e-mail account to irb@coloradomesa.edu.  |

**Email this form to** **irb@coloradomesa.edu****.**