Appendix A: Clinical Trials Investigator Qualifications Summary

Non-WRAIR Studies may and should be included in this listing for consideration.
For non-WRAIR protocols, please document institution in place of WRAIR protocol number

Investigator Name:

Training	**Initial**	**Refresher**	**Other Relevant Training Experiences:**
Human Subjects Protection Training (CITI):	___/___/____	___/___/____	Please provide title of training, date, and duration of training if relevant (e.g. 3 month certificate program, two week course, etc)
HIPAA:	___/___/____	___/___/____	
Good Clinical Practices:	___/___/____	___/___/____	

Experience *Start with most recent and repeat rows for each relevant protocol, as necessary*

WRAIR # Other # **Full Title:** **Brief description of study:**	**Role:** ☐ Principal Investigator (PI) ☐ Associate Investigator (AI) ☐ Medical Monitor ☐ Other: _____ **Risk:** ☐ NHSR/NR ☐ MR ☐ GTMR **Regulatory status:** ☐ IND ☐ EMA ☐ Other: _____	**Length of Time on Study:** **Specific Tasks Performed to Date:**

WRAIR # Other # **Full Title:** **Brief description of study:**	**Role:** ☐ PI ☐ AI ☐ Medical Monitor **Risk:** ☐ NHSR/NR ☐ MR ☐ GTMR **Regulatory status:** ☐ IND ☐ EMA ☐ Other: _____	**Length of Time on Study:** **Specific tasks:**

Additional information

Please provide any additional information relevant to your qualifications to serve as a Principal Investigator, such as pre- and post-doctoral research experience, experience designing research studies, writing protocols, screening, recruiting, executing study activities, analyzing data, receiving mentoring from senior investigators, etc that are not covered above.

Date	Description