

DEMOGRAPHIC QUESTIONS

1. Which of the following best describes your certification status?
 - I have never been CIP certified.
 - I am currently CIP certified and am applying for recertification.
 - I was previously certified but my certification has lapsed and I am applying for reinstatement.
2. What percent of your working time is currently spent on IRB activities?
 - Less than half of my time
 - More than half of my time
 - All of my time is spent on IRB activities.
3. What is your primary role on IRB activities?
 - IRB Staff/Administrator/Manager
 - IRB Chair with IRB administrative responsibility
 - Organizational Official with direct IRB administrative responsibility
 - Other
4. How many years of experience do you have in IRB activities?
 - 2 years
 - 3 – 4 years
 - 5 years
 - 6 – 10 years
 - More than 10 years
5. Please select the status that best describes your organization:
 - Currently, my IRB serves as an IRB of record
 - Currently, my IRB serves as a relying IRB
 - Currently, my IRB serves as both an IRB of record and as a relying IRB
 - This question is not relevant to me at this time.
6. Which of the following is your primary employer?
 - Academic – Nonmedical
 - Academic – Medical
 - Industrial/Corporate
 - Government
 - Community Hospital
 - Independent IRB
 - Health Maintenance/Managed Care
 - Research Institute/Foundation
 - Other
7. What is the highest academic level you have achieved?
 - High school or equivalent
 - Some college
 - Associate’s degree
 - Bachelor’s degree
 - Master’s degree
 - Doctoral degree
8. What is the number of full-time or equivalent people in your office supporting IRB activities?
 - Less than 1.0
 - 1.0 – 2.9
 - 3 – 4.9
 - 5.0 – 9.9
 - More than 10
9. What is the scope of IRB review?
 - Biomedical only
 - Behavioral/social only
 - Both biomedical and behavioral/social
10. What other certifications do you hold? *(Check all that apply)*
 - None
 - CCRA
 - CCRC
 - CIM
 - Other
11. Where did you hear about the Certification Examination for IRB Professionals? *(Check all that apply)*
 - PRIM&R Conference
 - PRIM&R Newsletter
 - Job Requirement
 - Colleague
 - Other
12. What is the reason(s) you are taking the examination? *(Check all that apply)*
 - Job requirement
 - Job mobility
 - Personal satisfaction
 - Other
13. How did you prepare for the examination? *(Check all that apply)*
 - Self-study
 - Study group
 - Formal course
 - Practice exams
 - Social media group
14. Are you a member of PRIM&R? *(Membership is not required for eligibility)*
 - Yes
 - No
15. What is your ethnicity? *(optional information that will be used only for statistical summaries)*
 - American Indian or Alaska Native (including all Original Peoples of the Americas)
 - Asian (including Indian subcontinent and Philippines)
 - Black or African American (including Africa and Caribbean)
 - Native Hawaiian or Other Pacific Islander (Original Peoples)
 - White (including Middle East)
 - Hispanic/Latino (including Spain)
 - I prefer not to say.
 - Other
16. What is your age range? *(optional information that will be used only for statistical summaries)*
 - 19 – 24
 - 25 – 34
 - 35 – 44
 - 45 – 54
 - 55 – 65
 - 65 or older
 - I prefer not to say.
17. What is your gender? *(optional information that will be used only for statistical summaries)*
 - Female
 - Male
 - Transgender
 - Self-Identify _____
 - I prefer not to say.

SIGNATURE

I certify that I meet eligibility requirements for certification as a Certified IRB Professional, as outlined in the CIP Handbook. My HRPP experience has been substantial and ongoing, as described in the CIP Handbook. I have not had any disciplinary action taken against my professional license or certification which I currently hold or have held in the past. I have read and agree to abide by the Code of Ethics, as outlined in the CIP Handbook. All information provided in support of this application is current, accurate and complete.

I understand that any falsification of facts in the application, violation of testing procedures or violation of the CIP Code of Ethics may lead to revocation of CIP certification or may bar me from applying for such certification.

Names and contact information of all successful candidates will be provided to PRIM&R.

By signing and dating below, I certify to all of the above statements.

Sign and date in ink.

Name (Please Print): _____

Signature: _____ Date: _____