Sign-Up to Attend HRPP Orientation

Employee Information			
Name:		Supervisor/PI:	
VA Email:		Phone #:	
Service Line:	R	esearch Group: (if applicable)	
VA Appointment:	→ If you are a Woo paid time by and ☐ YES ☐ NO → If YES, who is the	C, are you working on other employer? ne employer? u obtained IRB approval nstitution?	☐ Other → If "Other" describe: → If NO, describe:
Date of Hire:			
Are you conducting type of educational YES NO	g this research to satisfy any I requirement? → If YES, what school: (Include the specific department within the institution) → If YES, describe the nature of the educational program and/or requirement and the degree/certificate you are seeking:		
Orientation session you are signing up for? http://center.puget-sound.med.va.gov/sites/rd/hrpp/SitePages/HRPP%20Orientation.aspx			
Describe what you are being hired to do:			
Will you consent research subjects?	☐ YES ☐ NO If YES, your contact information will be shared with the Research Compliance Officer to schedule additional consent training required for all study staff who consent subjects.		
Please send this form back to the HRPP Office so they can plan for your attendance. Failure to RSVP may result in no training being offered on that day. Email your completed form to Christopher.Click@va.gov			
Orientation Completion			
To be completed by HRPP Staff Attendance date:			
	Orientation Facilitator:	Name of HRPP Orientation Facilitator:	

Upon completion of the HRPP Orientation, this will be signed by the HRPP staff person who facilitated the course. Please keep this as documentation of your completed HRPP Orientation.