

SRC/IRB Membership Form

Type of Committee:

SRC IRB BOTH

SRC/IRB Chairperson

School Name _____
 Address _____
 City + Zip _____
 Sch. Phone _____
 Fax _____
 E-mail _____

Contact Person _____
 Title: Mr. Mrs. Ms. Dr
 Home Address _____
 City + Zip _____
 H-Phone _____ W-Phone _____
 E-mail _____

SCIENTIFIC REVIEW COMMITTEE *A minimum of three members are required. Additional members may be added to avoid conflict of interest.*

BIOMEDICAL SCIENTIST

(Circle: Ph.D., M.D., D.V.M., D.O., D.D.S.)

Phone	Degree (s)	Address	City & Zip
_____	_____	_____	_____

SCIENCE EDUCATOR (familiar w/animal care; not student's own teachers)

Phone	Degree (s)	Address	City & Zip
_____	_____	_____	_____

ONE OTHER MEMBER

Phone	Degree (s)	Address	City & Zip
_____	_____	_____	_____

INSTITUTIONAL REVIEW BOARD *IRB required only for Human Research Projects. Minimum of three members is required. Additional members may be added.*

ADMINISTRATOR

Phone	Degree (s)	Address	City & Zip
_____	_____	_____	_____

SCIENCE EDUCATOR (familiar w/animal care; not student's own teachers)

Phone	Degree (s)	Address	City & Zip
_____	_____	_____	_____

THIRD MEMBER (Circle: Psychologist, Psychiatrist, M.D., P.A., R.N., or Lic. Social Worker)

Phone	Degree (s)	Address	City & Zip
_____	_____	_____	_____