

SRC/IRB 2009-2010 Membership Form *Please Print.* *Form Due On /Before **DECEMBER 12, 2009***

Type of Committee:

SRC IRB BOTH

SRC/IRB CHAIR

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

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

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

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

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

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

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

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