**INSTRUCTIONS**

Thank you for your interest in joining the McLaren Health Care Institutional Review Board (IRB). Being an IRB member provides an excellent opportunity to oversee the ethical conduct of human research and to gain insight into the breadth and scope of research undertaken by MHC researchers.

To apply, please attach your CV or resume to this application. Please read each question closely and consider whether your current workload and schedule are conducive to meeting these requirements. Return application to [patricia.ivery@mclaren.org](mailto:patricia.ivery@mclaren.org).

There is no deadline for applying. If we don’t have a membership opening available, we will keep your application on file for future consideration.

1. **Contact Information**

Name: Click or tap here to enter text. Address: Click or tap here to enter text.

Email: Click or tap here to enter text. City, State, Zip: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cell Phone:Click or tap here to enter text.

1. **Background Information**
   1. What is your affiliation with McLaren Health Care?

|  |  |  |
| --- | --- | --- |
| No affiliation/lay person  Full or part-time employee  Medical staff  Full or part-time faculty  Paid or unpaid consultant | Retiree of McLaren Health Care  Contracted employee  Member of governing panel or board  Stockholder | Affiliated organization (specify):Click or tap here to enter text.  Other (specify): Click or tap here to enter text. |

* 1. Have you served previously on an IRB Committee?  Yes  No

If yes, where and for how long? Click or tap here to enter text.

* 1. Are you related to anyone who is a member of the McLaren IRB or Research Integrity Department?  Yes  No
  2. Please list your degree(s): Click or tap here to enter text.
  3. Please list any Board Certifications: Click or tap here to enter text.
  4. Please list any Licenses, etc.: Click or tap here to enter text.
  5. Please provide a summary of your educational background/work experience:

Click or tap here to enter text.

* 1. The MHC IRB reviews many different types of research that involve many different types of people. Do you have any experience or specific knowledge in working with any of the following vulnerable populations or subject areas?

|  |  |  |
| --- | --- | --- |
| Pregnant Women  Children  ☐ Prisoners | Educational Disadvantaged  Cognitively Impaired Adults  Economically Disadvantaged | Other: (specify) Click or tap here to enter text. |

1. **IRB Committee** 
   1. IRB Membership does not have a term limit but, are you willing to commit to membership for a minimum of two year? (Note: a response of "no" or "unsure" will not automatically disqualify you but will be taken into consideration during application reviews).  Yes  No
   2. Monthly Commitments - IRB members are expected to attend at least one meeting per month, scheduled for 2 hours, and are held in-person at the Auburn Hills location as well as virtually using Zoom. There are two IRB committees. Committee A meets on the 1st Friday of each month and committee B meets on the 3rd Friday of each month. Indicate which committee you would be available to serve:

1st Friday of every month  3rd Friday of every month  I am available for either

* 1. Preparation Time - Please know that IRB membership does require a modest amount of preparation for each meeting which includes reviewing studies on the upcoming agenda and entering comments/questions into IRB electronic system before the meeting. You can expect to spend at least 2 hours in preparation time. An additional 1- 2 hours of time will be required if you are assigned as a reviewer for a specific study submission. Can you make this time commitment?  Yes  No
  2. Initial Training - IRB members will undergo initial training to prepare them to serve as IRB members. This training is estimated to be a total of 10 hours. Much of this training is self-paced and completed online. You will be given a couple of months to complete this training. Can you commit to completing 10 hours of training within 1-2 months prior to serving as a board member?  Yes  No
  3. Provide examples of experience such as profession, life experience related to research or vulnerable populations, research experience as an investigator or subject, IRB experience, certifications and licensures, or other information sufficient to describe your chief anticipated contribution to IRB deliberations:

Click or tap here to enter text.

* 1. When would you be available for membership?

Click or tap here to enter text.

* 1. IRBs are required to have scientist and nonscientist members. Categorizing yourself as scientist or nonscientist will help the MHC IRB select a diverse membership based on the explanation you provided of your experience above. Please check one of the following boxes to indicate how you see your role as a committee member? (select all that apply)

I consider myself to be a scientist\*

I consider myself to be a non-scientist\*

I consider myself to be a lay person

(Important note: Please also ensure that you have provided a detailed justification in the experiences section above to support your selection. The IRB Manager or designee will discuss your responses with you during the New Member interview to ensure that our status has been accurately designated to meet OHRP and FDA regulatory requirements.)

**\*Scientist/Nonscientist -** Members whose training, background, and occupation would incline them to view scientific activities from the standpoint of someone within a behavioral or biomedical research discipline for a specified length of time, or who has published research as a scientist, or who holds an advanced degree or certification, should be considered a scientist, while members whose training, background, and occupation would incline them to view research activities from a standpoint outside of any biomedical or behavioral scientific discipline should be considered a nonscientist. In addition, the IRB must have members with sufficient knowledge of the specific scientific discipline(s) relevant to the research that it reviews.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |