



WIRB INTERNATIONAL FELLOWS PROGRAM APPLICATION FORM

SECTION I - Applicant Personal Information

Surname/Family Name: _____

First Name(s): _____

Preferred Name(s): _____

Date of Birth: _____ Gender: _____
Day-Month-Year

SECTION II – Home Address

Apartment/Home Number: _____

Street: _____

Village/Province *(if applicable)*: _____

Country: _____ Postal Code *(if applicable)*: _____

SECTION III – Education

Degree/Certificate	Year Awarded	Major/Specialty



SECTION IV – Institutional Review Board Work Experience

- None
- < 1 year
- 1-2 years
- 3-5 years
- >5 years

Please outline your role and responsibilities at the IRB:

SECTION V – How did you find out about the program?

- Former WIRB Fellow
Please indicate name: _____
- WIRB/WCG Staff
Please indicate name: _____
- WIRB Website
- Other
Please specify: _____



SECTION VI – Program Information

Please indicate the session for which you are applying. If you are applying to participate in the 6-month program, you **must** answer the additional questions below.

2 months Spring Summer

6 months Spring Summer

1. Do you have any potential conflicts of interest, whether financial or otherwise, related to the review of research protocols? Yes No
2. Have you been convicted of a crime within the past ten (10) years? Yes No
3. Have you currently or ever been, debarred, excluded, suspended, and/or declared ineligible by the U.S. Department of Health and Human Services, U.S. Food and Drug Administration, or any other state or federal agency from receiving federal or state money or contracts? Yes No
4. Has there been any U.S. Department of Health and Human Services, U.S. Food and Drug Administration, or any other state or federal agency action or investigation relating to debarment, exclusion, suspension, and/or a declaration of ineligibility from receiving federal or state money or contracts currently pending or threatened against you? Yes No

Deadline for Applications is October 31, 2018