

Application for a Clinical Research Administrator (CRA)

PI name:

Department:

Award Title:

Extramural Sponsor:

Sponsor Award Number:

RF Award Number:

Project

Task

Award

Start Date:

End Date:

Protocol Review:

IRB Approval Date:

IBC Approval Date:

Protocol Number:

Protocol Title:

Effort required for a CRA:

Full Time

Part Time

% Effort

Has a CRA/SC been budgeted for?

Yes

No

Timeframe for a CRC

3 months

6 months

9 months

12 months

Resources Requested:

Phlebotomy

ECG

Read-only Access to EMR

Where will the Research take place?

CTSC

Hospital Space

Building

Room Number

FOR INTERNAL PURPOSES:

Approved:

Yes

No

Date:

Name:

Signature:

Title:

CRA Name:

Date of Birth: