

## Application to Use SUNY Downstate Clinical Translational Science Center (CTSC)

### User Information

CITI Training Date: \_\_\_\_\_ IRB Protocol Number: \_\_\_\_\_ IRB Protocol Expiration Date: \_\_\_\_\_

Academic Title: (MD's & PhD's): \_\_\_\_\_

Full Name: (Last, First MI): \_\_\_\_\_ Degree(s): \_\_\_\_\_

Department: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Fax #: \_\_\_\_\_ Pager#: \_\_\_\_\_

LOCATION Bldg: \_\_\_\_\_ Floor: \_\_\_\_\_ Room#: \_\_\_\_\_

Work Email Address: \_\_\_\_\_

#### What is your role?

☐ Principal Investigator    ☐ Co-Investigator

#### Key Personnel (Note: all are required to have CITI training):

##### Role

_____	<input type="checkbox"/> Nurse	<input type="checkbox"/> Study Coordinator	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Other*
_____	<input type="checkbox"/> Nurse	<input type="checkbox"/> Study Coordinator	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Other*
_____	<input type="checkbox"/> Nurse	<input type="checkbox"/> Study Coordinator	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Other*
_____	<input type="checkbox"/> Nurse	<input type="checkbox"/> Study Coordinator	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Other*
_____	<input type="checkbox"/> Nurse	<input type="checkbox"/> Study Coordinator	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Other*

\*Define other (indicate person named above) \_\_\_\_\_

#### What items will you require? Note: All equipment and supplies must be provided by the PI/Co-PI

Equipment: \_\_\_\_\_

Other: \_\_\_\_\_

#### Schedule

To request dates and times of day when you would like to use CTSA clinical space, please contact us.

Questions? Contact [Dr. Richard Coico](#), CTSC Director.