



**CLINICAL RESEARCH STAFF
CREDENTIALING APPLICATION**

**Office of Clinical Research
2 Columbia Drive, CEDAR, E-150
Phone: 813-844-8189
Fax: 813-844-1165
research@tgh.org**

FOR STAFF USE ONLY:

- Application
- Resume/CV
- License
- Human Subject Education
- Background Check
- TB Test
- Hospital Orientation
- Badge

Date Application Received: _____

Date Application Approved: _____

Notes:



Years in Current Position: _____

Please indicate your Credentials:

- MD
- PhD
- RN
- APNP
- LPN
- BS/BA
- AS/AA
- CCRC
- CCRA
- TGH Employee

II. Professional Information

Affiliation: _____
(Name of group or department)

Work Address: _____

City: _____ State: _____ Zip: _____

Please List the Principal Investigators that you currently work with:



Areas of research interest (e.g. transplant, cardiology, stroke, nursing, emergency, etc.)

Please list the approximate number of studies that you are involved in for each of the following categories:

- Chart Review _____
- Registry _____
- Expedited _____
- Prospective _____
- Industry Sponsored _____
- Drug Trials _____
- Device Trials _____
- Investigator Initiated _____

Approximate number of Research patients seen in your practice per year: _____

III. Service Assessment

Please place a check by any of the services that you have previously used or expect to use in the future:

- Contract Review
- Budget Negotiations
- Pricing Quotes
- Investigational Pharmacy Services
- Regulatory Services
- Clinical Coordination (Patient Care, IV therapy, Phlebotomy etc.)
- Other: _____

Applicant Signature: _____