

# PI Eligibility Request Form

## Related Study and Investigator Contact Information

Study Title (Must match submission title):

Investigator Requesting PI Status:

Investigator Title:

Appointment code:

Staff/Faculty FTE:

Investigator's Department:

Is the Letter of Academic Title (LAT) attached? **Must not be expired**  Yes  No  N/A

**Check box if no changes from previously approved form (rest of form N/A if checked):**

## Departmental Support of Research Project (to be completed by the Department Chair or Interim Chair)

**\* Verify that the following criteria are met regarding the investigator requesting PI status by checking each box and initialing next to each statement: all fields required to be completed for consideration**

- \_\_\_\_\_  The investigator has sufficient resources and access to facilities to carry out the research.
- \_\_\_\_\_  The investigator is qualified by training and experience to personally conduct and/or supervise the research described in the protocol.
- \_\_\_\_\_  The investigator has completed all institutional credentialing or other requirements, if any, to conduct the research.
- \_\_\_\_\_  The department will assume responsibility for the study including close-out or other activities if the investigator is unable to do so.
- \_\_\_\_\_  The investigator has a regular faculty appointment or Letter of Academic Title (LAT)\*\*
- \_\_\_\_\_  \*\* Adjunct and Visiting Professorships are NOT regular faculty

**\* Provide an explanation for this request (Detail the Investigators qualifications and rationale for this request):**

I certify that the statements herein are true, complete, and accurate to the best of my knowledge and that the individual named above has my approval to serve as Principal Investigator. In the event that this individual is no longer able to serve as PI on this project, my college/department will assume responsibility for the conduct of this research in accordance with all applicable federal regulations and state laws, institutional policies and procedures, and the requirements and determinations of the UNM Human Research Review Committee (HRRC).

\_\_\_\_\_  
Printed or Typed Name of Dean or Department Chair

\_\_\_\_\_  
Department / College

\_\_\_\_\_  
Signature of Dean or Department Chair

\_\_\_\_\_  
Date

## Office of Research Use ONLY

**Term of Approval (Select ONE of the following):**

For the above titled project **ONLY**

*\* Note to Investigator: You must request PI Eligibility for each new human research protocol study you wish to conduct*

For the term of the attached Letter of Academic Title

*\* Note to the Investigator: Since this privilege is concurrent with your Letter of Academic Title, a current copy of your LAT must remain on file in the Human Research Protections Office. If your LAT is not renewed, any open research projects must be transferred to another eligible Principal Investigator before the end of your term.*

For this **and** all future human subjects research projects

*\* Note to the Investigator: It is the responsibility of the investigator to ensure that a copy of this form is attached to each new study submission.*

**Disapproved**

**Comments/ Notes:**

\_\_\_\_\_  
Signature of Approval

Hengameh Raissy, PharmD

\_\_\_\_\_  
Date

Interim Vice President for  
Research, HSC