



Research Authorization Form (RAF) Staffing Amendment

*To be completed prior to submission of an IRB Amendment package in IRBNet.
Please see instruction form for an explanation of each section.*

RAF Staffing Amendment Submission Date:

Previous RAF #: _____

Section 1: General project information

- a. Principal Investigator (First, Last): _____
- b. Full project title (and abbreviation, if applicable). Project title must match IRBNet submission: _____

Please enter the information required per column. If any changes were made on the annual FCOI disclosure after November 1st, kindly enter the last date that it was updated.

By marking as completed, the Principal Investigator confirms that all listed personnel have an up-to-date and accurate Annual Financial Conflicts of Interest (FCOI) for the current Fiscal year, and that they have completed all required CITI Training Courses.

Name (First, Last, Degrees)	Role in study (PI, investigator, coordinator, etc.)	Completed the Annual FCOI disclosure for current FY (note date of completion)		Completed CITI Training	Expiration Dates for required CITI Training
					<ul style="list-style-type: none">• Conflicts of Interest:• Group 1 All Investigators & Key Personnel:• Responsible Conduct of Research (RCR):
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				<ul style="list-style-type: none"> • Conflicts of Interest: • Group 1 All Investigators & Key Personnel: • Responsible Conduct of Research (RCR):
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Section 2: Certification

I certify that the information provided in this form is accurate and complete and that I will abide by federal, state, College, and, Research Foundation guidelines and regulations while conducting this research.

PI Signature:

Date:

SECTION BELOW FOR ADMINISTRATIVE USE ONLY

Does this project require a Conflict of Interest (COI) management plan for any of the listed study team members?
(If applicable, please provide details in the Notes section below and include the relevant plan(s) for the IRB to review.)

Yes

No

Notes:

RAF #:

Approval date:

Approver's Signature: