



MEMBERSHIP APPLICATION - INSTRUCTIONS

Section I – Contact Information: Please provide contact information for your organization.

Section II – Additional Information: This information is collected in order to confirm membership eligibility and membership class.

A. Membership Eligibility: In order to be eligible for membership in the Consortium of Independent Review Boards (“CIRB”), in addition to complying with the dues payment requirements, the profit or non-profit independent institutional review board must meet the following criteria:

1. *No direct affiliation with a teaching institution or hospital;*
2. *Primarily independently staffed;*
3. *Generally engaged in providing IRB review of clinical research subject to United States and/or Canadian laws for organizations that are not part of the institutional review board’s corporate structure;*
4. *Support CIRB and adhere to its Bylaws, policies, and Code of Ethics, including the requirement to separate the IRB membership function from the IRB management structure;*
5. *Accredited from a Recognized Human Research Protection Program (“HRPP”) Accrediting Body,* or be committed to obtaining accreditation from a Recognized HRPP Accrediting Body within two years from the date of admission to CIRB, and demonstrate material compliance with applicable laws by:*
 - (1) *Providing evidence of a satisfactory regulatory agency inspection conducted within the last two years, or*
 - (2) *Submitting a satisfactory report from an audit conducted within the last two years by a mutually acceptable auditor who is independent from the IRB organization. A vendor audit conducted by a sponsor, contract research organization, etc., will not satisfy this requirement.*

B. Membership Class: When completing this membership application, you will need to determine the membership class that is appropriate for your organization. CIRB is an organization that strives to include all members of the independent IRB community. Thus, to accommodate differences in the sizes of our member organizations, CIRB developed three classes of memberships: Tier I, Tier II, and Tier III. These membership classes are based on the number of full-time employees or full-time equivalent employees for the prior calendar year. In order to determine the number of full-time or full-time equivalent employees, an IRB should calculate the average number of all full-time employees, contract employees, and the time worked by part-time employees that would equal the hours typically worked by a full-time employee. The IRB does not need to count independent contractors, such as non-affiliated Board members or consultants. An IRB that meets the requirements for membership as Tier II or Tier III may apply to join at a higher Tier by choosing to pay the dues of the higher Tier. This will entitle the IRB to the number of votes prescribed to the higher Tier. Tier I members have 3 votes; Tier II members have 2 votes; and Tier III members have 1 vote.

* CIRB maintains a list of Recognized HRPP Accrediting Bodies which is updated as necessary.



How to Submit the Membership Application to CIRB

Once you have completed all the necessary information, please mail the completed application form with the following:

- Copy of a roster of the IRB members which includes title and educational degrees.
- Proof of accreditation from a Recognized HRPP Accrediting Body, or statement of commitment to seek accreditation from a Recognized HRPP Accrediting Body within two years of admission to CIRB, and evidence of material compliance with applicable laws.
- Copies of last FDA or OHRP audit, if applicable.
- Copy of informational brochure, if applicable.
- Check for dues to Consortium of Independent Review Boards based on the number of full-time equivalent employees:**
 - Tier I (51 or more employees)
 - Tier II (21-50 employees)
 - Tier III (less than 20 employees)

Consortium of Independent Review Boards
1601 K Street, N.W.
Washington, DC 20006
Attn: Lorraine Higgins

** Please contact Lorraine Higgins at (202) 778-9273 for dues information.



Please see attached instructions for completing this membership application. Information provided will be held in strict confidence among the organization.

SECTION I – CONTACT INFORMATION

NAME: _____

NAME OF IRB: _____

ADDRESS: _____

TELEPHONE: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

SECTION II – ADDITIONAL INFORMATION

A. Membership Eligibility

1. Is the IRB affiliated with a teaching institution or hospital? Yes No
2. Is the IRB membership independent of IRB management structure? Yes No Please explain:

3. Does the IRB have an informational brochure? Yes No If yes, provide a copy.
4. Is the IRB accredited by a Recognized HRPP Accrediting Body? Yes No
If yes, provide name of the Recognized HRPP Accrediting Body and date on which IRB received accreditation.

If no, provide a statement of commitment to becoming accredited by a Recognized HRPP Accrediting Body within two years of the date of admission to CIRB, and provide documentation demonstrating material compliance with applicable laws as set forth in CIRB's Policy Statement on HRPP Accreditation.

5. Has the IRB been audited by the FDA, OHRP, Health Canada, or any other regulatory body responsible for ensuring human subject protection compliance in the last three years? Yes No

If yes, provide a copy of all related documents.



B. Membership Class

Number of full-time or full-time equivalent employees: _____

- Tier I (51 or more employees)
- Tier II (21-50 employees)
- Tier III (less than 20 employees)

In applying for membership in CIRB, you agree to support the mission of CIRB and to abide by CIRB's bylaws and Code of Ethics.

Signature of Applicant

Date



2010 Dues Structure

- Tier I (IRB has 51 or more employees) – \$24,000
- Tier II (IRB has 21-50 employees) – \$16,000
- Tier III (IRB has less than 20 employees) – \$8,000