



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; and*
5. *Accredited from a Recognized Human Research Protection Program ("HRPP") Accrediting Body,¹ 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 Dues: Annual dues are \$500. Dues will be waived for the first year (through December 31, 2016).

¹ 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 to the address below 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.
- Copy of informational brochure, if applicable.

Consortium of Independent Review Boards
PO Box 562
Rockville, MD 20848



CONSORTIUM OF
INDEPENDENT REVIEW BOARDS
<http://www.consortiumofirb.org>

**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 (OPTIONAL): _____

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.

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