Oregon Public Health Division/Multnomah County Health Department

Institutional Review Board

MEMBERSHIP INTEREST FORM

The Oregon Public Health Division (PHD) and Multnomah County Health Department (MCHD) sponsor and operate a Public Health Institutional Review Board (PH IRB). The purpose of the PH IRB is to review all human subjects research projects conducted by PHD/MCHD staff along with those conducted by external personnel requesting PHD/MCHD data, to ensure that the rights and well-being of subjects and the confidentiality of their data are adequately protected.

PH IRB members include both scientists and non-scientists, internal PHD/MCHD staff and external non-affiliates, vulnerable population representatives, and alternates. Members are expected to prepare for and attend monthly IRB meetings when they occur. This requires about 3-4 hours per month which encompasses both the meeting itself and preparation, utilizing PH IRB forms and policies along with the federal regulations to assist with the review.

The purpose of this Membership Interest Form is to assist PH IRB leadership in evaluating the qualifications of people who are interested in serving on the Board. Please complete and return to:

# Alayna Forrest, IRB Coordinator

alayna.n.forrest@dhsoha.state.or.us

*Public Health Division, 800 NE Oregon Street Suite 930, Portland, OR 97232*

# Phone (971) 673-1221 Fax (971) 673-1299

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| First Name | |  | | | | MI | |  | | Last Name | |  | |
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| Home Address | | |  | | | | | | | | | | |
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| City |  | | | State |  | | Zip | |  | | County | |  |
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| Business Name | | | | |  | | | | | | | | | | |
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| Business Address | | | | |  | | | | | | | | | | |
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| Home Phone | | | (   ) | | |  | Business Phone | | | (   ) | |  | | ext |  |
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| E-mail address | | | |  | | | | | | | | | | | |

Preferred Mailing Address: Home  Business

Per the HHS Policy for the Protection of Human Research Subjects at 45 CFR 46.107, *“the IRB shall be sufficiently qualified through the experience and expertise of its members, and the diversity of its members, including race, gender, and cultural backgrounds and sensitivity to such issues as community attitudes, to promote respect for its advice and counsel in safeguarding the rights and welfare of human subjects”.* For our records and to help us achieve a diversified membership, please provide the following information. Please note, this section is optional and will not be shared publicly. Under state and federal law, this information may not be used to discriminate against you.

**With which of the following groups do you most closely identify?**

(Please select all that apply)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Race/Ethnicity: |  |  | | | |
|  |  |  | | | |
| Asian  Native Hawaiian or Other Pacific Islander | | | | Hispanic or Latino or Spanish Origin | | | |  | | |
| Black or African American  White  American Indian and/or Alaska Native | | | | Not Hispanic or Latino or Spanish Origin |  | | | |
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| Gender: |
| Man |
| Woman Non-binary  Transgender  Two-spirit  Gender non-conforming  Prefer not to say  Other: |
| Disability (Please specify): |
|  |

**EDUCATION**

*A current resume may be substituted for this section.*

|  |  |  |  |
| --- | --- | --- | --- |
| School | City & State | Dates | Degree/Major |
|  |  |  |  |
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**EMPLOYMENT & EXPERIENCE**

List major paid employment & significant volunteer activities.

*A current resume may be substituted for this section.*

|  |  |  |  |
| --- | --- | --- | --- |
| Dates | Employer/Organization | City & State | Title/Position |
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**PRIMARY SPECIALTY:**

\*Required for purposes of the PH IRB registration with HHS

**Scientific (e.g. practicing physician or nurse, PhD level bench scientist, medical laboratory technician, etc.)**

**Non-Scientific (e.g. attorney, clergy member, ethicist, etc.)**

**INTEREST IN APPOINTMENT**

Describe why you are interested in serving on the PH IRB. *You may complete this section on a separate sheet.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  |  | Date |  |