



Oregon Public Health Division Institutional Review Board
MEMBERSHIP INTEREST FORM

The OHA-Public Health Division (PHD) manages and operates an Institutional Review Board (PH IRB). The purpose of the PH IRB is to review all human subjects research projects conducted under the auspices of the PHD, Multnomah County Health Department (MCHD), and Oregon State Hospital (OSH) along with those conducted by external personnel requesting PHD/MCHD/OSH data or interaction/intervention with PHD/MCHD/OSH clients and/or patients. It is the responsibility of the PH IRB to ensure that the confidentiality of their data is appropriately maintained and the rights and well-being of people who are subjects in the research are adequately protected.

PH IRB members include both scientists and non-scientists, internal PHD/MCHD/OSH 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. Members are also expected to provide prompt responses via e-mail when called upon for input on reviews by the PH IRB Administrator and/or Chair.

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 Administrator
alayna.n.forrest@oha.oregon.gov

First Name _____ M.I. _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____ County _____

800 NE Oregon St. Ste 930, Portland, OR 97232
Voice: 971-671-1221 | Fax: 971-673-1299
All relay calls accepted | www.oregon.gov/phirb

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Occupation _____

Home Phone _____ Business Phone _____ ext _____

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:

- | | |
|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic or Latino or Spanish Origin |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Not Hispanic or Latino or Spanish Origin |
| <input type="checkbox"/> Black or African American | |
| <input type="checkbox"/> White | |
| <input type="checkbox"/> American Indian and/or Alaska Native | |

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Gender:

- Man
- Woman
- Non-binary
- Transgender
- Two-spirit
- Gender non-conforming
- Prefer not to say
- Other:

Disability (Please specify):

EDUCATION, EMPLOYMENT, & EXPERIENCE: Please submit your current resume

Earned degrees:

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.)

Specify:

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

Specify:

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 _____

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