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INSTITUTIONAL REVIEW BOARD

CURRICULUM VITAE of (Name of IRB Member/Staff/Independent Consultant)

(FORM 1.8)

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(SUMMARY OF PROFESSION AND AREA OF EXPERTY):

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ADDRESS:	
CONTACT NO.	
EMAIL:	

ERC POSITION:	
DATE OF APPOINTMENT	
TERM OF OFFICE	

RESEARCH & ETHICS EQUIPPING (Training records on research ethics and updates)

DATE/ PLACE :	
DATE /PLACE:	
DATE/PLACE :	

_____ Signature over Printed Name Date: _____

EDUCATIONAL BACKGROUND		
COLLEGE		
POST GRADUATE		
OTHERS:		

WORK EXPERIENCE	
(JOB TITLE & COMPANY) (INCLUSIVE DATES)	
(JOB TITLE & COMPANY) (INCLUSIVE DATES)	
(JOB TITLE & COMPANY) (INCLUSIVE DATES)	

<p>_____ Signature over Printed Name</p> <p>Date: _____</p>
