Annual Renewal Application for Non-Fairview Employed Research Staff

All non- Fairview research personnel utilizing patients or patient data within a Fairview facility for research purposes must renew this application annually. It is the responsibility of the researcher to submit a revised full application if he/she has a change in employment or supervisor.

Name:		
Work Email (UMN):		
Daytime Work Phone:		
Supervisor Name:		
Department:		
Are there any changes from your original app If no , please complete the rest of this form If yes , please complete the full application	n.	ion.
Are you working in the Clinics and Surgery C	enter (CSC)?	□ No
For all NERS Renewal applicants Annual required learning for NERS is manage contact research@fairview.org for the link to		
Requirements		
☐ Complete Annual Health Information Privacy & Security (LMS)		
For NERS renewal applicants that inte Intervention):	ract with patients (Patier	nt Contact/Patient
Requirements		
☐ Immunizations (UOHS)		
Please allow TWO (2) weeks f	rom the date of submiss	ion for processing
I certify that I have provided correct and curre and to provide ancillary clinical professional s Signatures of applicant and supervisor are re signatures will not be accepted.	ent information regarding my ervices at Fairview Health S	application to conduct research ervices.
Signature of Applicant	Date	
Signature of Supervisor	Date	
Submit Completed Applicat	ion to Fairview Research A	dministration
Fax Email 612-672-7691 research@fairview.org	Intercampus Mail Research Administration Energy Park Building	<u>U.S. Post</u> 2344 Energy Park Drive St. Paul, MN 55108