

**BOSTON VA HEALTHCARE SYSTEM
EDUCATION VERIFICATION FORM**

As part of the credentialing process it is necessary to verify educational credentials. To assist us in completing this process, please provide the following information:

EMPLOYEE NAME		SSN	DOB (mm/dd/yy)	
UNIVERSITY/PROGRAM		CITY / STATE / COUNTRY	DATES FROM/TO	DEGREE(S)
1.		1.	1.	1.
2.		2.	2.	2.
3.		3.	3.	3.
LICENSE/REGISTRATION		STATE	ISSUE DATE	EXPIRATION DATE
1.		1.	1.	1.
2.		2.	2.	2.
3.		3.	3.	3.
CERTIFICATION	ISSUE/AWARD DATE		EXPIRATION DATE	
EMPLOYEE SIGNATURE			DATE	

OFFICE USE ONLY:

DATE OF VERIFICATION	DEGREE/CERTIFICATION VERIFIED
SOURCE OF VERIFICATION	VERIFICATION COMPLETED BY

RELEASE OF AUTHORIZATION FOR RESEARCH CREDENTIALING

I hereby authorize the release of verbal and written verification of education certification(s) and all license(s) for the purpose of credentialing required for all individuals involved in human subjects research at the Boston VA Healthcare System.

EMPLOYEE SIGNATURE	DATE

**BOSTON VA HEALTHCARE SYSTEM
SCOPE OF PRACTICE FOR RESEARCH**

NAME	SERVICE LINE
PRINCIPAL INVESTIGATOR (PI) / PRIMARY SUPERVISOR	ALTERNATE SUPERVISOR (IF APPLICABLE)

THE SCOPE OF PRACTICE IS SPECIFIC TO THE DUTIES AND RESPONSIBILITIES OF EACH RESEARCH COORDINATOR AS AN AGENT OF THE LISTED PRINCIPAL INVESTIGATOR AND/OR ALTERNATE SUPERVISOR. AS SUCH HE/SHE IS SPECIFICALLY AUTHORIZED TO CONDUCT RESEARCH INVOLVING HUMAN SUBJECTS WITH THE RESPONSIBILITIES OUTLINED BELOW. THE SUPERVISOR MUST COMPLETE, SIGN AND DATE THIS SCOPE OF PRACTICE.

PROCEDURES:

A Research Coordinator may be authorized to perform the following duties/procedures on a regular and ongoing basis. They may be performed without specific prior discussion/ instructions from the Principal Investigator. The Research Coordinator initials what is requested and Principal Investigator initials what is granted or not granted. Please see attached instructions before completing this section.

Routine Duties	<u>Requested</u>	<u>Granted</u>	<u>Denied</u>
1. Screens patients to determine study eligibility criteria by reviewing patient medical information or interviewing subjects.	_____	_____	_____
2. Develops recruitment methods to be utilized in the study.	_____	_____	_____
3. Performs venipuncture to obtain specific specimens required by study protocol (requires demonstrated and documented competencies).	_____	_____	_____
4. Initiates submission of regulatory documents to Emory IRB, VA R&D committee and sponsor.	_____	_____	_____
5. Prepares study initiation activities.	_____	_____	_____
6. Provides education and instruction of study medication use, administration, storage, side effects and notifies adverse drug reactions to study site.	_____	_____	_____

	<u>Requested</u>	<u>Granted</u>	<u>Denied</u>
7. Provides education regarding study activities to patient, relatives and Medical Center staff as necessary per protocol.	_____	_____	_____
8. Maintains complete and accurate data collection in case report forms and source documents.	_____	_____	_____
9. Initiates and/or expedites requests for consultation, special tests or studies following the Investigator's approval.	_____	_____	_____
10. Obtains and organizes data such as tests results, diaries/cards or other necessary information for the study.	_____	_____	_____
11. Demonstrates proficiency with VISTA/CPRS computer system by scheduling subjects research visits, documenting progress notes, initiating orders, consults, etc.	_____	_____	_____
12. Accesses patient medical information while maintaining patient confidentiality .	_____	_____	_____
13. Is authorized to obtain informed consent from research subject and is knowledgeable to perform the informed consent "process".	_____	_____	_____
14. Initiates intravenous (IV) therapy and Administers IV solutions and medications	_____	_____	_____
15. Collects and handles various types of human specimens	_____	_____	_____

MISCELLANEOUS DUTIES (if applicable):

Mr./Ms./Dr. _____ is authorized to perform in the following miscellaneous duties not otherwise specified in this Scope of Practice.

1. _____
2. _____
3. _____

EMPLOYEE SIGNATURE	DATE

PRINCIPAL INVESTIGATOR STATEMENT

Mr./Ms./Dr. _____'s Scope of Practice was reviewed and discussed with him/her on the date of _____. After reviewing his/her education, clinical competency, qualifications, research practice involving human subjects, peer reviews, and individual skills, I certify that he/she possesses the skills to safely perform the aforementioned duties/procedures. Both the research coordinator and I are familiar with all duties/procedures granted or not granted in this Scope of Practice. We agree to abide by the parameters of this Scope of Practice, all-applicable hospital policies and regulations.

This Scope of Practice will be reviewed every two years and amended as necessary to reflect changes in the research coordinator's duties/ responsibilities, utilization guidelines and/or hospital policies.

PRINCIPAL INVESTIGATOR/SUPERVISOR SIGNATURE	DATE
EMPLOYEE SIGNATURE	DATE

OFFICE USE ONLY:

ACOS FOR RESEARCH & DEVELOPMENT	DATE
CHAIRMAN, PROFESSIONAL STANDARDS BOARD	DATE
MEDICAL CENTER DIRECTOR	DATE