



## Professional History Form

**Please FAX or email to Tristan Edwards [tedwards@msmc.com](mailto:tedwards@msmc.com) (305) 674-2146**

**SITE INVESTIGATOR (SI) and SUB-INVESTIGATOR** - Please provide information about the persons that are responsible for the conduct of the research. Attach a copy of the current Medical license with CV.

1.	Site Investigator's (or Sub-Investigator's) Name:		
2a.	Site Investigator's (or Sub-Investigator's) Company Name:		
2b.	Site Investigator's (or Sub-Investigator's) Mailing Address:		
2c.	SI's (or Sub-Investigator's) Phone:	SI's Fax:	SI's E-mail:
3.	Has the SI (or Sub-Investigator's) ever received an FDA 483 or a Warning letter? If Yes, please attach an explanation and copy of all letters and correspondence.		Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Has the SI (or Sub-Investigator's) ever been convicted of a crime, disciplined by a public or private medical organization, disciplined by a licensing authority, or is the PI currently involved in such a proceeding? If Yes, please attach an explanation.		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Medical License #:	State:	Expiration Date:
6.	Has the SI's (or Sub-Investigator's) Medical license ever been suspended, revoked, placed on probation, restricted or interrupted in any state or country? If Yes, please attach an explanation.		Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Has the SI's (or Sub-Investigator's) hospital or health care facility privileges or medical staff membership ever been suspended, revoked, restricted or placed on probation at any institution? If Yes, please attach an explanation.		Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	DEA Registration # (if applicable):	Expiration Date:	
9.	Has the SI (or Sub-Investigator's) ever had an IRB terminate a study for any reason or impose any sanctions or restrictions on them? If yes, please attach an explanation and the IRB's contact information.		Yes <input type="checkbox"/> No <input type="checkbox"/>

10.	Has the SI (or Sub-Investigator's) ever been placed on the Restricted / Disqualified or Disbarment List or OHRP's Administrative Action List? If Yes, please attach an explanation.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	In how many ongoing studies is the Investigator listed as the PI?  As a Sub-Investigator?	
12.	Is the SI 's (or Sub-Investigator's) 'Clinical Research Investigator' certified? If Yes, what is the certifying organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	How long has the SI (or Sub-Investigator's) been conducting research?	
14.	List the totals in the following categories that the SI currently supervises:  Open research studies:                      Locations:                      Sub-Investigators:  Research Staff:                      Approximate number of active subjects:	
15.	SI (or Sub-Investigator's) Degrees:                      SI (or Sub-Investigator's) Specialties:	
16.	Is the SI (or Sub-Investigator's) Board Certified?	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>NAME OF PERSON COMPLETING THIS FORM:</b>		
_____		
Printed Name	_____	Company and Position
Signature <i>(Principal Investigator or other authorized personnel)</i>	_____	Date
_____	_____	_____
Phone Number	Fax Number	E-mail Address