



## OHRE Principal Investigator Eligibility Waiver Request Form

Complete information below to request a PI Eligibility Waiver for an IRB study. Once all required fields and signatures are finalized, attach completed form to appropriate IRBIS study record. If additional approvals are needed, OHRE will initiate routing process.

### Department Information

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Contact Name: \_\_\_\_\_ Dept. Contact Email: \_\_\_\_\_

### Individual Requesting PI Waiver (Proposed Lead PI)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

UNC PID: \_\_\_\_\_ Position Title: \_\_\_\_\_

Full-time Equivalency Hours (FTE):    1.00-0.75    0.74-0.50    Less than 0.50

Appointment Type:    EHRA Faculty    EHRA Non-Faculty    SHRA    Other: \_\_\_\_\_

Does the proposed Lead PI have an affiliation with UNC-Chapel Hill?    Yes    No

### Certification Statement

Please accept this formal request to waive the UNC-Chapel Hill Principal Investigator (PI) eligibility requirements to allow the above-named individual to serve as Lead PI:

For IRBIS Study(s): \_\_\_\_\_

For the duration of their position title/appointment listed above and where their FTE has also not decreased from the selection above.

Included with this waiver form request is an attached list of publications, similar research, etc., demonstrating qualifications for the proposed Lead PI. The Dean, Director, or Department Head/Chair has reviewed these materials and determined the proposed Lead PI is eligible, per [Office of Human Research Ethics Principal Investigator and Faculty Advisor Eligibility for Human Subjects Research Studies](#).

As the Dean, Director, or Department Head/Chair, I will support the above-named proposed Lead PI throughout the proposal, awards, and closeout stages of the project, accepting responsibility for oversight of the project. I confirm that the department has the appropriate administrative and fiscal support staff and services available to support this individual as Lead PI.

Dean/ Director/ Department Chair Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Dean/ Director/ Department Chair Name: \_\_\_\_\_

### OFFICE OF HUMAN RESEARCH ETHICS USE ONLY

OHRE Associate Director: \_\_\_\_\_ Date: \_\_\_\_\_