**Principal Investigator Eligibility Authorization\***

(To be completed by designated Providence Entity Leadership\*\*)

Providence Site/Ministry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol/Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In alignment with the PSJH-GR-1104 “Research Principal Investigator (PI) Eligibility Policy”, as the designated Providence Entity Leadership for the site/ministry listed on this form, I hereby approve the individual identified above to serve as the Principal Investigator for this project or protocol. I have confirmed he/she is eligible to serve as PI per the criteria outlined in the policy. He/she will provide attestation that they have read and agree to the responsibilities of a PI as described in the *Roles & Responsibilities for Research at Providence* document at the time of submission to the IRB.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Authorization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*By authorizing individuals to serve in the role of PI, Providence Entity Leadership accepts responsibility for the PI while ensuring administrative & financial support needed to effectively manage the protocol or project through its completion.*

*\*\*The individual signing this form confirms that he/she has the authority to approve the conduct of the protocol or project at the site/ministry or has been designated this authority by Providence Entity Leadership.*

*\*\*\*This form may not be signed by the protocol’s PI or sub-investigators, and must be signed by Providence Entity Leadership or designee who is unaffiliated with the protocol.*

The *Research Principal Investigator (PI) Eligibility Policy* can be found on the HRPP SharePoint: <https://providence4.sharepoint.com/sites/ProvidenceResearchNetwork2/SitePages/Institutional-Review-Board.aspx>