

## Award for Excellence in Human Research Protection Judges Re-credentialing Form

Please complete and fax this form to 301-320-0978 (or email to award@hii.org)

Thank you for your past service as a volunteer judge for the Award program. In order to be eligible to judge current year applications for an Award, you must complete and return this form.

Name:	
Complete contac	ct information, only if updating or confirming previous information
Organization:	
Position/Title:	
Address:	
Telephone:	Fax:Email:
☐ Best Pract	ed to judge the following award categories (check all that apply):
Current role in Are you still acti	<b>HRP</b> ve in a role relevant to human research protection? □ Yes □ No, explain below
suitability to be	sional events rs, have you been, or are you currently, involved with any event that could call into question your re-credentialed as a judge (e.g., adverse action regarding quality of care, professional conduct, y, etc)? ☐ Yes; explain below ☐ No
	of biographical sketch highlighting relevant qualifications & experience in updated resume or brief biographical sketch; attached? ☐ Yes ☐ No
Comments – ine	cluding any other relevant qualifications or experience, explanations of adverse professional
Signed:	Date: