**Request for Approval to Serve as Principal Investigator (PI) on a**

**University of Wisconsin-Madison Human Participants Study**

This form is to be used by individuals with a UW-Madison appointment to request approval to serve as principal investigator (PI) on a UW-Madison human participants studies per [UW-Madison’s “Principal Investigator Status for UW-Madison Studies Involving Human Participants” Policy](https://kb.wisc.edu/gsadminkb/page.php?id=29557).

Chair or Director approval does not guarantee that one is able to serve as PI for human participants research. The IRB reviewing the study makes a case by case determination if PI status is appropriate.

This form is not to be used to request permanent or limited PI status for grant purposes.

1. **Information on Individual Requesting PI Status:**

Name:

Title:

Appointment Type:  Academic Staff

Limited Appointee

Postdoctoral Scholar

Visiting Faculty

Visiting Academic Staff

Emeritus (and previously employed as academic staff or a limited appointee)

Department/Center:

College/School:

Highest Degree Earned:       Year:

1. **Approval Period Requested:**

      years (up to three from Chair/Director signature date).

1. **Justification**:

Please indicate why this individual is an appropriate candidate to serve as the PI on human participants studies and provide information about his/her experience and qualifications for providing oversight on a research study involving human participants, addressing, at a minimum:

1. Experience serving as Co-Investigator or collaborator on human participants studies; and

1. Demonstrated ability to carry out the responsibilities of PI, including meeting administrative management of studies.

1. Include any recommendations or limitations, such as, that the individual should be permitted to serve as PI only for minimal risk studies as determined by the IRB

1. **Required Approvals**

I believe that the above individual is able to fulfill the responsibilities of being PI based upon the above information.

Chair/Center Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Center Director Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_