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| **uiucLogo2** | **University of Illinois**  **at Urbana–Champaign** | **Institutional Review Board Office**  528 East Green Street, Suite 203, MC-419  Champaign, IL 61820  tel: 217-333-2670 fax: 217-333-0405  E-mail: [irb@illinois.edu](mailto:irb@illinois.edu)Web: [www.irb.illinois.edu](http://www.irb.illinois.edu) |

**CO-INVESTIGATORS & RESEARCH TEAM ATTACHMENT**

**IRB Number**

**Responsible Project Investigator:** Dr. Dolores Albarracin

**Project Title:**

|  |
| --- |
| Goals, Experiences, and Behaviors |

X Submitting with Initial IRB-1 Application

Changing research team, date of submission

List all investigators engaged in the research study, including those from other institutions. Include all persons who will be 1) directly responsible for the project’s design or implementation, 2) recruitment, 3) obtain informed consent, 4) involved in data collection, data analysis, or follow-up.

Collaborators, outside consultants, and all graduate and undergraduate students should be listed if they will be responsible for these activities. Include all investigators named on grant proposals who will be engaged in human subjects research.

Note: Changes made to the Responsible Project Investigator require a revised IRB-1 application and amendment form.

Please copy and paste text fields to add additional researcher team members.

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| Last Name: Hughes | | | First Name: Colleen | | Academic Degree(s): B.A. | | | |
| Dept. or Unit: Psych | | | Office Address: 412 | | | | Mail Code: | |
| Street Address: 603 East Daniel Street | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: 301-395-4001 | | Net ID: cshughes | | E-mail: cshughes@illinois.edu | | | | |
| Affiliation: | UIUC  Faculty X Academic Professional/Staff  Grad Student  Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): | | | | | | | |
| Training | X CITI Training, Date of Completion, 8/11/14  Additional training, Date of Completion[[1]](#footnote-1), | | | | | | | |
| X | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: Feldman | | | First Name: Gilad | | Academic Degree(s): Ph.D. | | | |
| Dept. or Unit: Psych | | | Office Address: 534 | | | | Mail Code: | |
| Street Address: 603 East Daniel Street | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: | | Net ID: | | E-mail: giladfel@gmail.com | | | | |
| Affiliation: | UIUC  Faculty X Academic Professional/Staff (post-doc)  Grad Student  Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): Texas Tech University | | | | | | | |
| Training | X CITI Training, Date of Completion, 9/1/14  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: Dolcos | | | First Name: Sanda | | Academic Degree(s): Ph.D. | | | |
| Dept. or Unit: Psych | | | Office Address: 623 | | | | Mail Code: | |
| Street Address: 603 E Daniel Street | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: | | Net ID: sdolcos | | E-mail: sdolcos@illinois.edu | | | | |
| Affiliation: | UIUC  Faculty X Academic Professional/Staff(post-doc)  Grad Student  Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): | | | | | | | |
| Training | X CITI Training, Date of Completion, **12/19/11**  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last Name: Sunderrajan | | | First Name: Aashna | | Academic Degree(s): B.S. | | | |
| Dept. or Unit: Psych | | | Office Address: 405 | | | | Mail Code: | |
| Street Address: 603 E Daniel Street | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: | | Net ID: sunderr2 | | E-mail: sunderr2@illinois.edu | | | | |
| Affiliation: | UIUC  Faculty  Academic Professional/Staff X Grad Student  Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): | | | | | | | |
| Training | X CITI Training, Date of Completion, 8/14/14  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

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| Last Name: Lohmann | | | First Name: Sophie | | Academic Degree(s): B.S. | | | |
| Dept. or Unit: Psych | | | Office Address: 405 | | | | Mail Code: | |
| Street Address: 603 E Daniel Street | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: | | Net ID: lohmann2 | | E-mail: lohmann2@illinois.edu | | | | |
| Affiliation: | UIUC  Faculty  Academic Professional/Staff X Grad Student  Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): | | | | | | | |
| Training | X CITI Training, Date of Completion, 8/26/14  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

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| Last Name: Tan | | | First Name: Jacinth | | Academic Degree(s): | | | |
| Dept. or Unit: Psych | | | Office Address: 405 | | | | Mail Code: | |
| Street Address: 603 E Daniel Street | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: | | Net ID: jjtan2 | | E-mail: jjtan2@illinois.edu | | | | |
| Affiliation: | UIUC  Faculty  Academic Professional/Staff X Grad Student  Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): | | | | | | | |
| Training | X CITI Training, Date of Completion, **1/23/12**  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

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| Last Name: Kwon | | | First Name: Mina | | Academic Degree(s): MA | | | |
| Dept. or Unit: Business Admin | | | Office Address: Wohlers Hall | | | | Mail Code: | |
| Street Address: 1206 South Sixth Street | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: | | Net ID: kwon56 | | E-mail: kwon56@illinois.edu | | | | |
| Affiliation: | UIUC  Faculty  Academic Professional/Staff X Grad Student  Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): | | | | | | | |
| Training | X CITI Training, Date of Completion, 6/14/13  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

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| Last Name: Doshi | | | First Name: Divyen | | Academic Degree(s): | | | |
| Dept. or Unit: | | | Office Address: | | | | Mail Code: | |
| Street Address: | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: | | Net ID: ddoshi3 | | E-mail: ddoshi3@illinois.edu | | | | |
| Affiliation: | UIUC  Faculty  Academic Professional/Staff  Grad Student X Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): | | | | | | | |
| Training | X CITI Training, Date of Completion, 8/31/14  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

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| Last Name: Tang | | | First Name: Shuan | | Academic Degree(s): | | | |
| Dept. or Unit: | | | Office Address: | | | | Mail Code: | |
| Street Address: | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: | | Net ID: stang13 | | E-mail: stang13@illinois.edu | | | | |
| Affiliation: | UIUC  Faculty  Academic Professional/Staff  Grad Student X Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): | | | | | | | |
| Training | X CITI Training, Date of Completion, 8/27/14  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

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| Last Name: Patel | | | First Name: Megh | | Academic Degree(s): | | | |
| Dept. or Unit: | | | Office Address: | | | | Mail Code: | |
| Street Address: | | | City: Champaign | | | State: IL | | Zip Code: 61820 |
| Phone: | | Net ID: mjpatel5 | | E-mail: mjpatel5@illinois.edu | | | | |
| Affiliation: | UIUC  Faculty  Academic Professional/Staff  Grad Student X Undergrad Student  Visiting Scholar, or  Non-UIUC Affiliate of (Institution): | | | | | | | |
| Training | X CITI Training, Date of Completion, 8/31/14  Additional training, Date of Completion, | | | | | | | |
|  | Please check box if this individual should be copied on IRB correspondence | | | | | | | |

**INVESTIGATOR ASSURANCES**

I certify that the information supplied on this form is complete and correct and that new members of the research team will not engage in research until IRB approval has been obtained.

 8/25/14

Responsible Principal Investigator Date

1. Additional CITI modules may be required depending on subject populations or types of research. These include: (i) research enrolling children; (ii) research enrolling prisoners; (iii) FDA regulated research; (iv) data collected via the internet; (v) research conducted in public elementary/secondary schools; and, (vi) researchers conducted in international sites [↑](#footnote-ref-1)