

**CURRICULUM VITAE FORM  
OHIO DEPARTMENT OF HEALTH (ODH)  
Institutional Review Board (IRB)**

**Instructions:** Please fill out the form below for each named researcher and include it with your IRB Protocol Application.

1. PROTOCOL TITLE

2. RESEARCHER INFORMATION	
Name (Last, First):	Title:
Agency/Institution:	
If ODH, Bureau & Div.:	
Mailing Address:	
E-mail:	Phone:

3. EDUCATIONAL BACKGROUND (list up to the five most relevant)	
University:	
Degree:	Year
University:	
Degree:	Year
University:	
Degree:	Year
University:	
Degree:	Year
University:	
Degree:	Year

4. ACADEMIC APPOINTMENTS (list the three most recent, or as applicable)	
University:	
Title:	Year(s)
University:	
Title:	Year(s)
University:	
Title:	Year(s)

5. RESEARCH (list only the three most recent and/or relevant projects)	
1. Project Title:	Dates:
Role:	Award Amount:

Description:	
2. Project Title:	Dates:
Role:	Award Amount:
Description:	
3. Project Title:	Dates:
Role:	Award Amount:
Description:	

<b>6. SELECTED PUBLICATIONS AND PRESENTATIONS (list up to 10)</b>
1)
2)
3)
4)
5)
6)
7)
8)
9)
10)