

PI Eligibility Request Form



Office of Sponsored Programs
UNT Health Science Center
Phone: (817) 735-5073 | Fax: (817) 735-0375
ospint@unthsc.edu

This form is used to request PI eligibility for an investigator that is otherwise ineligible according to the UNTHSC PI Eligibility Policy. This form is to be completed with all signatures **except VPRI** and submitted to the Office of Sponsored Programs for consideration.

Study & Investigator Contact Information:

Study Title: _____

Investigator Requesting PI Status: _____ Department: _____

Investigator Email: _____ Investigator Title: _____

Investigator must provide a Curriculum Vitae (CV) with this request, to move forward. **The Office of Sponsored Programs must receive all requests with supporting documents *at least two (2) weeks* in advance of the proposal deadline. Requests not received on time will be denied.**

Signature of Requesting Investigator

Date

Departmental Support of Project (this section to be completed by *Department Chair*):

Verify that the following criteria are met regarding the investigator requesting PI status by initialing next to each statement:

- _____ The investigator has sufficient resources/facilities to carry out the research.
- _____ The investigator is qualified by training and experience to personally conduct and/or supervise the research described in the protocol.
- _____ The investigator has completed all institutional credentialing or other requirements, if any, to conduct the research.
- _____ The department will assume responsibility for unallowable expenditures, over expenditure of the account for the study including close-out or other activities if the investigator is not able to do so.

Provide an explanation for this request (Detail investigator qualifications and rational for this request – If more space is needed, please attach it to your submission):

Study Title: _____

Investigator Requesting PI Status: _____ Department: _____

Investigator Email: _____ Investigator Title: _____

I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and that the individual named above has my approval to serve as Principal Investigator. In the event that this individual is no longer able to serve as PI on this project, my college/department will assume responsibility for the conduct of this research in accordance with all applicable federal regulations and state laws, and institutional policies and procedures.

Printed Name of Department Chair **Signature of Department Chair** **Date**

Printed Name of Dean **Signature of Dean** **Date**

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| Office of Sponsored Programs Use Only Signatures below this line will be obtained by the Office Of Sponsored Programs | |
| | |
| _____ Signature – OSP Reviewer | _____ Date |
| Signature below indicates approval of this request. Approval applies only to this project. PI must resubmit for any additional requests. | |
| _____ Signature – Vice President of Research & Innovation | _____ Date |