

# NHORA LEVEL I Research Activity Application

In accordance with Norton Healthcare (NHC) policy, all research personnel must complete the applicable credentialing requirements before conducting research involving human subjects within NHC facilities. Subjects seen in our facilities are considered NHC patients, and therefore all NHC policies apply.

**Applicant Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Research Program** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Title** \_\_\_\_\_

**Level I Access with No Patient Contact Requirements:**

Date	Initials of NHORA Personnel	
_____	_____	Government-issued photo identification
_____	_____	Documentation of school affiliation for students
_____	_____	Documentation of TB test result within one year of application
_____	_____	Completed IS security access request forms (if necessary)
_____	_____	Completed NHORA Research Credentialing Certification Form

**Level I Access with Limited Patient Contact Requirements:**

_____	_____	Government-issued photo identification
_____	_____	Documentation of school affiliation for students
_____	_____	Documentation of TB test result within one year of application
_____	_____	Completed IS security access request forms (if necessary)
_____	_____	Completed NHORA Research Credentialing Certification Form
_____	_____	Completed Sponsor Certification form (UofL Students)
_____	_____	Proof of current liability insurance
_____	_____	Documentation of criminal background check within six months
_____	_____	Signed current CV or resume
_____	_____	Documentation of immunizations
_____	_____	Received copy of NHC orientation packet

I understand that LEVEL I research activity approval from the NHORA allows me to have access to Protected Health Information (PHI), and limited access to research subjects in NHC facilities under the supervision of a research sponsor and a clinical sponsor (if applicable). I have been given a copy of the NHC orientation packet (applicable for Level I with Limited Patient Contact only and I understand that I am subject to all NHC policies for this activities.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date