## **ANNEX III**

Application Form for Institutional Ethics Review Committee Accreditation/ Renewal of Accreditation
1. Name of Institution
2. Name of Institutional Ethics Review Committee (IERC)
3. Institutional Ethics Review Committee Address
Physical:
E-mail:
Website:
4. IERC Contact Officer
Name:
Position:
E-mail:
Phone:
5. IERC Chairperson
Name:
Position:
E-mail:
Phone:
6. IERC Secretary
Name:

Position:							
E-mail:							
Phone:							
Scope of Accreation 7. List the organ					nmental)		
7. Dist the organ	nzation	is serveu	by the IE				
8. Please indica	te how	the mem	bership of	f your propo	sed IERC	is constit	uted
Name	Gender	Category (eg Chair, lay)	Academic Qualification	Membership to Professional body (Name)	Area of Specialization	Affiliation (Institution)	Ethics Training (Yes/No)
9. Gender Comp	osition	1	•	•	•		
Number of Males				Number of Females			
10. Has the IER	.C deve	eloped Sta	andard Or	erating Prod	cedures?		
Yes				No			
				· <u>*</u>			

11.	<ul><li>(a) If yes to above</li><li>(b) If no, explain</li></ul>	, attach the Stand	lard Operating	Procedures		
12.	Has the IERC been	accredited by the	e NACOSTI ii	the Past?		
13.	If yes in 12 above, i	indicate the date	of notification	and number (N	ACOS	TI/
refe	Declaration (to be erred to in 1 above) breby declare that the		-	-		
	rect;					
Nar	ne of IERC:					
Nar	ne of Institution:					
Non	no and Dasianation					
Nan	me and Designation					
Sign	nature:		Date	:		
Offi	icial Stamp of Instit	ution:				
For	· Official Use					
	e Received:					
Dec	cision:					
Not	ification Date:					