



Friday, August 2, 2013
8:30 a.m. – 4 p.m.

Des Moines University
Olsen Medical Education Center
3200 Grand Avenue
Des Moines, IA 50312

PRIM&R's At Your Doorstep Program: IRB 250

Topics

- Applying the Expedited Categories
- Case Studies in Biomedical Research and/or Social, Behavioral, and Educational Research
- Children & Adolescents: Pediatric Research Subpart D
- Informed Consent
- Internet Research (tentative)

Continuing Education Credit

This activity has been approved for *AMA PRA Category 1 Credit™*.

Registration

The cost to attend this activity is \$65. Four ways to register:

- **Online:** www.dmu.edu/event/IRB • **Phone:** 515-271-1596
- **Mail:** Return portion below • **Fax:** 515-271-4229

Speakers



Ada Sue Selwitz, MA
Co-Director, Regulatory Support and Research Ethics and Director, Office of Research Integrity, University of Kentucky



Maira Keane, MA, CIP
Director, University of Minnesota's Research Subjects' Protection Programs

PRIM&R's At Your Doorstep Program: IRB 250 – August 2, 2013

Name: _____ Credentials: _____

Title: _____ Organization or institution: _____

Address: _____ City, State, Zip: _____

Email: _____ Phone: _____

Role (select all that apply):

- | | | | |
|-----------------------------------------------|-------------------------------------------------|------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Administrative staff | <input type="checkbox"/> Institutional official | <input type="checkbox"/> Research compliance officer | <input type="checkbox"/> Vice president for research |
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Investigator | <input type="checkbox"/> Research office director | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> IRB chair | <input type="checkbox"/> IRB member | <input type="checkbox"/> Research staff member | |

Dietary needs:

- None Vegetarian Gluten free Other: _____

Payment options: \$65

► Credit card:

Credit Card Number: _____ Security Code: _____ Expiration Date: _____

Name on Credit Card: _____ Signature: _____

► Check: Payable to Des Moines University.

Return this registration form and payment via email, mail or fax to:
Des Moines University, Attn: Accounting
3200 Grand Avenue, Des Moines, IA 50312

If you would like to register and pay for a large group, please contact DMU CME at cme@dmu.edu or 515-271-1596.