

ESKENAZI HEALTH
RESEARCH CREDENTIALING
APPLICANT INFORMATION FORM

Please allow up to four weeks for processing of your application once all your required documents are submitted.

APPLICANT INFORMATION

First Name	Middle Name	Last Name	Suffix
Alternate First Name(s)	Alternate Middle Name(s)	Alternate Last Name(s)	Suffix
Job Title and Degree		Department	
Date of Birth	Gender	Social Security Number	
Anticipated Start Date	Anticipated End Date	Indiana Professional License No.	
Employer		Business Email Address	
Business Address (including building and room number)		Business Phone	
Business City	Business State	Business Zip	
Home Address		Home Email Address	
Home City	Home State	Home Zip	Home/Cell Phone Number

1. Will the applicant's Eskenazi Health research activity require the applicant to be PHYSICALLY ON SITE at any Eskenazi Health facility?

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No

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Yes

If yes, the following must be submitted with this application:

- Tuberculin Test Results (Required only once and must be completed within the last six months.)
- Influenza Vaccine Documentation

If no, you will not be issued an Eskenazi Health badge for research.

LIAISON INFORMATION (Person to contact for additional information.)

Liaison Full Name	Liaison Phone	Liaison Email Address

INSTRUCTIONS

Eskenazi Health Medical Staff Affairs (MSA) manages research credentials. Return this form via email at researchcredentialing@eskenazihealth.edu or fax at (317) 880-0302. Unencrypted email is not secure. Use secure email methods, e.g., if emailing from IU, add [Secure Message] to the email subject line. Alternatively, the SSN may be provided verbally by calling (317) 880-4103.

All fields are required. The requested documents are required before verification and processing. **Please attach a copy of the CIRA, IRB Projects spreadsheet, and if required your current tuberculin testing, influenza vaccine documentation, and COVID-19 vaccine documentation.**

09/01/23