

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

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

1. Will the applicant's Eskenazi Health research activity require the applicant to be PHYSICALLY ON SITE at any Eskenazi Health facility? ☐ No ☐ 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.)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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, and influenza vaccine documentation.