

UT Health San Antonio
Master of Science in Clinical Investigation & Translational Science
(MSCI-TS) Program

TSCI 6102 – Practicum in IRB Procedures

Planned Student Activities in the IRB Practicum

The backgrounds and research interests of all graduate students are unique. As a result, the types of activities that will benefit the translational science training of each will be similarly unique. The information below is designed to facilitate the organization, planning, and record keeping of the IRB practicum (TSCI 6102). Note that for all activities associated with this course, approval must be provided by a Course Director *prior* to undertaking the activity.

Listed below are possible activities which may be undertaken as a part of the IRB Practicum. Please use this as a starting point in defining your specific activities during the IRB Practicum. Details of your activities must reflect the number of semester hours of credit associated with your Research Project (3 hours/week for a semester = 1 semester credit hour).

Possible activities that could be considered for inclusion in an IRB Practicum:

- Completion of Level 2 training in HIPAA (to address privacy and confidentiality in patient care; *this is required for any student who will be affiliated with any aspect of clinical care in association with the IRB Practicum*). This is an online, 1 hour module; the successful completion of training will generate a certificate (a copy of which must be submitted to a Course Director).
 - Institutional Review Board (IRB) rotation
<https://www.uthscsa.edu/vpr/services/events>
 - Completion of the IRB Member Learners Group in the CITI course (The Protection of Human Research Subjects)
https://www.uthscsa.edu/sites/default/files/Services/forms/irb_education_policy.pdf
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During a given semester, all students must submit a monthly record of their activities associated with this course.

This document must be signed by the student and submitted to the Course Director.

Satisfactory completion of this course (and the associated semester credit hours) will be dependent upon submission of these monthly records.

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Planned Student Activities

Date: _____

Student Name: _____

In anticipation of your participation in this course, please provide a tentative plan that describes your planned activities. For each activity, provide as much detail as possible. For those activities that are yet to be arranged in detail, provide a brief description of the plan. Note that for all activities associated with this course, approval must be provided by a Course Director *prior* to undertaking the activity.

Activity 1	Hours/week	
	Hours/semester	

Activity 2	Hours/week	
	Hours/semester	

Activity 3	Hours/week	
	Hours/semester	

Activity 4	Hours/week	
	Hours/semester	

Activity 5	Hours/week	
	Hours/semester	

Activity 6	Hours/week	
	Hours/semester	

Activity 7	Hours/week	
	Hours/semester	

Student Signature		
	Student Name:	

Professor Signature	Date	
Supervising Professor		Date

Electronic/Wet Signatures Are Accepted