1. GENERAL INFORMATION OF THE PROFESSIONAL

Last Names and First Names: **(Enter as it appears on the DNI)**	**D.N.I / C.E. N° :**
Profession and Professional Association Number:	**Specialty and Registration Number:**
Address : **(Enter the current home address of the person signing the form)**	**District:**
Province:	**Department:**
Telephone and extension:	**Cell phone:**
Email:	
Research Center and RCI No.:	
Role to play in the clinical trial:	**Current position/position at the Institution Investigation:**

2. ACADEMIC TRAINING.

Name of the study center	Degree / Title obtained	Year of obtaining the Degree / Title

3. RELEVANT TRAINING AND TRAINING IN CLINICAL OR RESEARCH NECESSARY FOR THE EXECUTION OF THE CLINICAL TRIAL.

Training in Good Clinical Practices and Ethics in Research on Human Subjects should be included in this section. (Article 51, literal d) of the REC)

01	**Training in:**	
	Institution:	**Place and date:**
02	**Training in:**	
	Institution:	**Place and date:**

4. PROFESSIONAL EXPERIENCE

4.1. IN YOUR SPECIALTY OR PROFESSIONAL FIELD, AS APPLICABLE.

List in reverse chronological order, from newest to oldest

N° 01	Position:	
	Institution - Place:	Start date – End date:
N° 02	Position:	
	Institution - Place:	Start date – End date:
N° 03	Position:	
	Institution - Place:	Start date – end date:

4.2. IN THE EXECUTION OF CLINICAL TRIALS

List in reverse chronological order, from newest to oldest

N° 01	Clinical trial title / Protocol code / Study phase:	
	Role in the study	Start date – End date:
N° 02	Clinical trial title / Protocol code	
	Role in the study	Start date – End date:

4.3. ADDITIONAL INFORMATION If you consider any additional information important, you can add it in this section.

5. RELEVANT SCIENTIFIC PRODUCTION

List in reverse chronological order, from most recent to oldest.
Indicate only those related to your specialty or professional field, as appropriate.

N°	Title Authors		Year	Published in

6. INFORMATION REGARDING TIME AVAILABILITY FOR CONDUCTING THE CLINICAL TRIAL Section only applicable to the Principal Investigator	
6.1. Regarding this clinical trial Average time (daily/	
weekly) that you will dedicate to this study	
Number of subjects to be enrolled in the research center	
6.2. Regarding other active clinical trials where you appear as Principal Investigator or Sub-Investigator:	
- Protocol code, study phase and current status of execution at the center investigation - Average time (daily/weekly) dedicated to each of the clinical trials - Number of subjects enrolled and number of subjects remaining to be enrolled - Time interval between clinical trial visits - Remaining period of time in charge of the clinical trial - List of members of the research team you work with and their role	
6.3. Regarding other activities carried out:	
· If you perform public and/or private assistance activities (name institutions and work schedule.) · If you are a teacher (name institutions and work schedule) · If you perform administrative activities (name institutions and work schedule)	

7. DATE AND SIGNATURE OF THE PROFESSIONAL

I make this sworn statement stating that the information provided is true and I authorize the verification of the statements in accordance with the "Principle of Presumption of Truth" of section 1.7 of article IV of the Preliminary Title of the Consolidated Text of Law No. 27444 - General Administrative Procedure Law, approved by Supreme Decree 004-2019-JUS.

In token of conformity, I sign this document.

City,…….of……..of 20…

_____

Name and Signature
DNI / CE