UGANDA NATIONAL COUNCIL FOR SCIENCE AND TECHNOLOGY
P. O Box 6884 Kampala
Tel: 256 -4141-705500
Fax: +256-41-234579
E-mail: info@uncst.go.ug
Website: http:www.uncst.go.ug

ACCREDITATION OF RESEARCH ETHICS COMMITTEES

APPLICATION FORM

New application [   ]   **Renewal [   ]**

1   Name of REC……………………………………..

2   Name of Host Institution…………………………………………………...

3   Individual at the Host Institution responsible for the REC ……………………….

4   Year of establishment of REC…………………………………………………

5   Jurisdiction of REC review (include institutional components covered by the REC)
…………………………………………………………………………………

6   Contact address

Physical address……………………………………………………...

Postal address……………………………………………….………

Telephone………………………………………………………………..

Fax……………………………………………………………………….

E-mail: ……………………………………..

7   REC Membership Roaster

a)   Attach a list of current members including their qualifications, institution of affiliation, contact information (telephone number & email address) and designation with respect to the REC)

	Name	Qualifications	Institution of affiliation	Designation	Email address & Telephone number

b)   If applying for renewal, please, describe any changes in REC membership which occurred during the period of accreditation (last 3years)

8   How often does your REC meet? (Please, tick)

1) Weekly [   ]   2) Monthly [   ]   3) Bi-monthly [   ]   4) Quarterly [ ]

Others (specify)………………………..

9   Has your REC been accredited?

        Yes [   ]   No [   ]

        If yes, please specify the accrediting organization(s), year of accreditation and expiry date (s) ……………...

10   Is the REC registered with Office of Human Research Protection (OHRP) in the USA?

        Yes [   ]   No [   ]

    If yes, please state the REC/IRB number and expiry date…............................

11   If applying for renewal, please indicate the number research protocols reviewed by the REC in the period of accreditation (last 3 years);
        i) At initial review [   ]
        ii) At continuing review [   ]
(For i & ii, attach list of protocols with titles, names of Principal Investigator, PI's institution of affiliation, sponsor, date of approval, duration of the study, closed or active and whether it is student research or not)

    b) How many research protocols are currently on going or still active? [……]

    c) Indicate the number of research protocols approved at;

i) Full REC meeting/Regular REC meeting [   ]

ii) Expedited review [   ]

iii) Fast track Review [   ]

12   If applying for renewal, please indicate the number of monitoring visits conducted by the REC within the 3years of accreditation. (Attach copies of monitoring reports)

i) List the sites monitored

ii) Research Projects/Studies monitored

13   Does the Host Institution offer any support to the REC?

Yes [   ]   No [   ]

If yes, please specify the nature of support the institution provides to the REC
……………………………………………………………………………………......
………………………………………………………………………………………….
…………………………………………………………………………………………

14   Does your REC charge any fees for review of protocols?

Yes [   ]   No [   ]

If yes, please specify the charges/fees charged by the REC

15   List other funding sources for the REC………………………………

16   Does your REC provide protocol review facilitation/sitting allowance to the REC members?

Yes […...]   No [   ]

If yes , please specify the amount .

17   Please briefly describe the training activities that the REC has engaged in including training of REC members during period of accreditation. (Attach evidence of training)

18 Please, indicate the staffing level including names of REC staff and contact information (Email address and telephone number)

19   Does your REC have REC administrator (s) fully dedicated to REC activities ?

Yes [.....]   No [.....]

20   Please describe the kind of remuneration that is offered to the REC administrator(s), specify the amount

Filled by……………………………………………… Date………………………

Signature…………………………….

Annexes:

1. REC Self-assessment report (The report should be no more than five (6) pages);
2. List of active protocols (title of protocol, name of Principle investigator, PI's institution of affiliation, date of initial approval, sponsor, Duration of the study, Academic/non academic);
3. Copies of REC Policies and Standard Operating Procedures.
4. Submit five copies of all the document