

**Member Documentation Checklist**  
**University of Pennsylvania**  
**Office of Regulatory Affairs**

Member Name: \_\_\_\_\_

PennID: \_\_\_\_\_

**Board Affiliation:**

1	2	3	4	5	6	7	8
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**Capacity:**

<b>Member or Alternate</b>	<b>Alt for:</b>
<b>Affiliated</b>	<b>Non-Affiliated</b>
<b>Scientist</b>	<b>Non Scientist</b>

<b>Appointment Date</b>		<b>Expiration Date</b>	
	Current CV/Resume		
	Signed Appointment Letter		
	Signed Recusal Agreement		
	Financial Disclosure		
	Confidentiality		
<b>Education</b>			
	Initial Member Training		
	HIPAA Training		
	Continuing Ed Activities		