**Statement of Education and Qualifications**

***PLEASE COMPLETE THE FOLLOWING INFORMATION:***

|  |  |
| --- | --- |
| **Name (First, Middle, Last)** | **Academic Qualification(s)** (e.g. MD, MBBS, Medical License Number, etc.) |
|  |  |

|  |
| --- |
| **Current employment** *(Name of Institution, Street, City, Postal Code, State or Province (if applicable), Country)* |
|  |

|  |  |
| --- | --- |
| **Work Telephone Number** *(Country Code, Area Code, Number)* | **Work Email Address** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Education and Training** *(List all Colleges, Universities and Medical Schools attended, postdoctoral/fellowship training, board certification/medical license. Add more rows as needed)*  上面的信息由CRA填写 | | |
| **Name and Location of Institution**  *(City, State or Province and Country)* | **Degree and Year Awarded**  *(Date format: ddMmmyyyy)* | **Area of Study** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Professional Experience** *(include current position first, then list previous positions in reverse date order. Please add rows as needed.)* | | |
| **Position/Title** | **Name and Location of Institution**  *(City, State or Province and Country)* | **Dates** *(Start/Stop Dates as applicable. ddMmmyyyy)* |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous participation in clinical trials** *(please add rows as needed)* | | | |
| **Indication of Trial** | **Clinical Phase of Trial (I-IV)** | **Role in Trial** *(e.g. Investigator, Sub-Investigator)* | **Year trial was conducted** |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Current Training on ICH/GCP** *(International Conference on Harmonisation, Good Clinical Practice).*  *Please provide, for your most current training, the type of training and year training was completed (or provide a copy of the certificate with this document. If you have not had training, please state “none” in the box below. Please add rows as needed* |
|  |

日期（启动会当天）

|  |
| --- |
| **Other Evidence of Experience or Expertise**  *List other documents evidencing experience or expertise below and attach to this document. If no other documents, please state “none” in the box below. Please add rows as needed.*  授权人英文拼音签字 |
|  |

|  |  |
| --- | --- |
| **Signature of Investigator** | **Date** *(ddMmmyyyy)* |
|  |  |