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| **King County Behavioral Health and Recovery Division (BHRD)** Evaluation and Research Committee Proposal Checklist **Cover Page for Submitted Proposals** | | |
| Study/Evaluation name: | | |
| Principal Investigator/Lead Evaluator: | | |
|  | Included | Not Applicable |
| Completed Research and Evaluation Application |  |  |
| Data Sharing Agreement |  |  |
| Limited Data Set Agreement |  |  |
| HIPAA Training Certifications for all individuals working with individual level data |  |  |
| Human Subjects Training Certification for all individuals working human subjects |  |  |
| IRB approval letter |  |  |
| IRB exempt letter |  |  |
| Confidentiality oath |  |  |
| Study Personnel listing |  |  |