**CITI Program Administrator   
Confidentiality Agreement**

All persons granted CITI Program Administrator access at West Virginia University are obligated to keep any personally identifiable information of WVU, or its Affiliates including but not limited to West Virginia University Health System and all associated physician practice plans and the West Virginia University Research Corporation, confidential. Each individual granted this privilege will be held accountable for the appropriate use of information to which they receive access.

The undersigned supervisor below understands and acknowledges they are responsible for taking all reasonable steps to ensure that the individual granted this privilege complies with this Agreement and all other rules, policies, and procedures of West Virginia University related to the subject matter of this Agreement.

For the purposes of this Agreement, personally identifiable information (PII) is defined as information that relates specifically to an individual and can be used to uniquely identify that individual including but not limited to full names, e-mail addresses, and unique ID numbers.

1. I agree to use the PII only for the use of executing my job requirements at West Virginia University.
2. I will protect the privacy and confidentiality of the PII of all CITI users which may be disclosed through the execution of administrative searches.
3. I agree to not provide or share my CITI Program Administrator access with any unauthorized personnel.
4. I will share confidential information pertaining to CITI user’s PII and course performance only with appropriate persons outside of the Human Research Protection Program office.
5. I agree that no requests for additional administrative permissions and/or changes to the West Virginia University CITI Program courses will be made without prior consultation with the Human Research Protection Program office.
6. I agree that when my job duties no long require this access, I will notify the Human Research Protection Office of this change.

(continued)

**I have read the information above and agree to abide by the terms of this Agreement.**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
CITI Program Administrator Requestor**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor Authorizing Access**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submission Instructions:**

**Please return the completed form to** [**IRB@mail.wvu.edu**](mailto:IRB@mail.wvu.edu) **for processing. You will be notified once your request has been reviewed and approved.**