Online Coordinator Form

Please answer the following questions BEFORE proceeding to make any study subject payments or arrangements with an online coordinator:

Do you have IRB approval for these study subject payments and your study? If not, when do you expect			
approval?			
YesNo Approval Date:			
Name of online coordinator			
Confirm the campus Information Security Officer has completed a risk assessment for the online			
coordinator mentioned above? (Per the Information Technology Procurement Handbook)			
YesNo Date of assessment or confirmation:			
Funding Source (Speedtype)			
Name of Project			
Name(s) of Researcher(s)			
Program dates (beginning and ending dates)			
Begin: End:			
Total cost for using online coordinator (study subject payments and fees)			
Total cost: \$			
Fees, if applicable: \$			
Total payments to each participant PER CALENDAR YEAR			
Amount: \$			
Amount of each study payment, PER PAYMENT			
Amount: \$			

What will your study subjects be paid for:		
I understand and verify that:		
Study subject payments to <u>non-resident aliens</u> completed Study Subject Payment form for eac THE ONLY METHOD OF PAYMENT ALLOWED FO	h payment and a comple	
By making payments through a 3 rd party online report that shows who was paid and how much to individuals this way may not exceed \$100 pe up this type of account.	they were paid as supp	ort for the transaction. Payments
Reviewed and Approved:		
Researcher:	Date	_
Department Admin:	 Date	_
Controller's Office Representative:	 Date	_
Adobe Sign is recommended for collection of si	gnatures.	
Please return completed and signed form to ac	ctfund@uccs.edu	