<dd/mm/yyyy>

<TITLE, GIVEN NAME, SURNAME>

DESIGNATION

ADDRESS

Dear <Title, Surname>:

The MMMC-RERC is inviting you to be an Independent Consultant, in your capacity as a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**,** to provide expert review of study protocols which require scientific or medical expertise not represented in the current composition of the board or those which the Board has ascertained to require additional expert review.

The responsibilities of an Independent Consultant are as follows:

1. Submission or accomplishment of the following documents
	1. Copy of **CURRICULUM VITAE**
	2. Signed **CONFIDENTIALITY AGREEMENT AND CONFLICT OF INTEREST DISCLOSURE FORM**
2. Provision of the following consultation services
	1. Completion of the **STUDY PROTOCOL ASSESSMENT FORM**
	2. Completion of the **INFORMED CONSENT ASSESSMENT FORM**
	3. Attend the MMMC-RERC meeting when invited where deliberations on said protocols will be made or alternatively, submit results of review to the MMMC-RERC Secretariat Staff if unable to attend the meeting.
	4. Return all protocol-related materials to the MMMC-RERC Administrative Staff after review.
	5. Submit an updated and signed CV annually.
3. Attendance in RERC-Related Trainings:
	1. Good Clinical Practice
	2. Basic Research Ethics Seminar

If you agree to accommodate this request, please sign the *conforme* below and submit the documents indicated in ***1.a*** and ***1.b*** above, to facilitate processing of your appointment. As an independent consultant, you will be entitled to standard honorarium package for protocols reviewed during your appointment period.

Thank you.

Very truly yours,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<Name of Chair>**

Chair, MMMC-RERC

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**<Name of Conforme>**

CONFORME of Nominee

Date: