

**Certification Form for Educational Activities
Institutional Review Board (IRB)
Chicago State University**

Course Information:

1. Name of Instructor: _____
2. Department: _____
3. Chairperson: _____
4. Course Title: _____
5. Course Number: _____
6. Have you attached a copy of your syllabus to this request? Yes No
7. Has the instructor listed above requested certification for this course previously? Yes No
8. If yes, specify the date the *instructor* was previously certified: _____
9. If the instructor has *not* been previously certified within the last two years, is a recent copy of the *Certificate of Completion* from the NIH "Human Participant Protection" website attached? Yes No
10. Has the Instructor reviewed a CSU IRB "Application for Initial Review" packet including the *Investigator Agreement* to familiarize themselves with CSU IRB procedures? Yes No

Instructor Certification:

I certify that the information provided above is accurate. I further understand that once I receive IRB certification for the educational activity listed above, the certification is valid for myself for a period of one year. If another instructor teaches the same course, they must apply for and receive separate certification.

Prior to the inception of any project involving data collection with human subjects, I certify to supervise all of the students enrolled in this course to ensure that they receive the appropriate training where necessary (by one of the approved options in the CSU IRB Policy and Procedures for Research involving Human Subjects) in the proper treatment of human participants in research. Finally, I agree to exercise reasonable and customary care (RCC) to ensure student compliance with all CSU policies for the protection of human subjects and I am aware that any student research project intended for publication or external presentation in a public forum will be required to submit the appropriate application to the CSU IRB.

Signature of Instructor

Date

Signature of Department Chairperson

Date

FOR CSU IRB USE ONLY:

Date Received: _____
Approval Expires: _____