

**Certification Form for Thesis/Dissertation Proposal
Institutional Review Board (IRB)
Chicago State University**

Project Information:

Thesis Dissertation Other: _____

1. Principal Investigator: _____ Department: _____

2. Address: _____

3. Phone Number: _____

4. Email Address: _____

5. Title of Proposed Project: _____

6. Description of Proposed Project: (please attach additional pages)

7. Name of Supervising Faculty Member: _____

8. Has the Supervising Faculty Member received certification from the CSU IRB? Yes No

If yes, specify the date the Faculty Member was previously certified: _____

9. Is the student's copy of the *Certificate of Completion* from the NIH "Human Participant Protection" from the CSU website attached? Yes No

PI 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 only for the project listed above and only for a period of one year. I certify that I have received the appropriate training (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. And I certify that all procedures described in this application are complete and accurate. All activities associated with this research project will be performed in accordance with Chicago State University institutional guidelines and any applicable State and Federal regulations. **No activities involving the use of human subjects can be initiated without prior review and approval by the Chicago State University Review Board.** I am aware this certification does not grant IRB approval, nor authorize the proposed research, nor substitute for a complete application submitted to the IRB. I certify that I am aware of my responsibilities regarding human subject protections at CSU and that I agree to begin the normal application process for research involving human subjects.

Signature of Principal Investigator (student)

Date

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 form may be required to submit an additional application to the CSU IRB.

Signature of Supervising Faculty Member

Date

Signature of Department Chairperson

Date

FOR CSU IRB USE ONLY:

Date Received: _____
Approval Expires: _____