**PRINCIPAL INVESTIGATOR’S ASSURANCE STATEMENT & SIGNATURE PAGE**

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| *This page is to be read and signed by the* ***Faculty/Academic Professional Staff*** *member acting as principal investigator or faculty advisor for a student-directed project AND**the principal investigator’s* ***department chair or supervisor****.* | | | | |
| **Principal Investigator** (*MAY NOT BE STUDENT*) | | | | |
|  |  | | I certify that the information provided in this application is correct and complete. I have read and understand Chapman University’s policies concerning research involving human subjects and I agree to comply with all IRB policies, decisions, conditions, and requirements and that all procedures will meet relevant local, state and federal regulations regarding the use of human subjects in research. | |
|  | Initial here | |
|  |  | | **As principal investigator**, I accept responsibility for the scientific and ethical conduct of this research study. I also pledge to obtain prior approval from the IRB before amending or altering the research protocol or implementing changes in the approved consent/assent form(s). I pledge to notify the Institutional Review Board, Office of Research & Sponsored Programs Administration of the development of any financial interest not already disclosed. | |
|  | Initial here | |
|  |  | | **As faculty advisor**, I certify that I have reviewed this research protocol and that I attest to the scientific merit of this research study; to the competency of the investigator(s) to conduct the research; that facilities, equipment, and personnel are adequate to conduct the research; and that continued guidance will be provided to the investigator as appropriate. | |
|  | Initial here | |
| Yes No | | I have completed the required Collaborative Institutional Training Initiative (CITI) program(s) | | |
| Yes No | | All identified co-investigators and student investigators have completed the required CITI or NIH (Student only) training programs | | |
| Name of Principal Investigator (*Please Print*) | | | |  |
| Signature of Principal Investigator | | | | Date |

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| **Principal Investigator’s Department Chair/Supervisor** | |
| I certify that I have reviewed this research protocol and that I attest to the scientific merit of this research study; to the competency of the investigator(s) to conduct the research; that facilities, equipment, and personnel are adequate to conduct the research; and that continued guidance will be provided to the investigator as appropriate. | |
| Name of Department Chair/Director/Supervisor (*Please Print*) |  |
| Signature of Department Chair/Director/Supervisor | Date |