

Institutional Review Board (IRB) Certification/Exemption Form

Date Submitting this Form:		
Certification of:	IRB Approval/Certification	IRB Exclusion/Exemption
Research Project Title:		
Principal Researcher:	Name:	EID:
Co-Researcher:	Name:	EID:
IRB Study Number:		
IRB Certification or Exclusion/Exemption Expiration Date	(If no expiration date, leave blank)	
IRB Contact Information:	Institution:	
	Address:	
	Phone:	

If certifying an IRB Exclusion/Exemption, please use the space below and/or attach any necessary evidence to justify the waiver. Additional information may be requested by the ERC Advisory Board. Submit this form and any supporting documentation to the ERC Admin. Thank you!