

TENNESSEE TECHNOLOGICAL UNIVERSITY
Institutional Review Board for the Protection of Human Subjects
Investigator/Faculty Advisor Assurance

INVESTIGATOR'S ASSURANCE

I certify that the information provided in this initial review application is complete and correct.

I understand that as Principal Investigator, I have ultimate responsibility for the protection of the rights and welfare of human subjects and the ethical conduct of this research protocol.

I agree to comply with all Tennessee Technological University policies and procedures, as well as with all applicable federal, state, and local laws regarding the protection of human subjects in research, including, but not limited to the following:

- The project will be performed by qualified personnel according to the research protocol,
- I will maintain a copy of all questionnaires, survey instruments, interview questions, data collection instruments, and information sheets for human subjects,
- I will promptly request approval by the Tennessee Technological University IRB if any changes are made to the research protocol,
- I will report any adverse events that occur during the course of conducting the research to the IRB within 10 working days of the date of occurrence.

Principal Investigator

Date

FACULTY ADVISOR'S ASSURANCE

By my signature as advisor on this research application, I certify that the student Investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the approved protocol. In addition,

- I agree to meet with the student investigator on a regular basis to monitor study progress.
- I agree to be available, personally, to supervise the principal investigator in solving problems arising during the course of the study.
- I understand that as the faculty advisor, I will be responsible for the performance of this research project.

Faculty Advisor (if principal investigator is a student)

Date