

HUNTER COLLEGE

INSTITUTIONAL REVIEW BOARD (IRB) FOR THE PROTECTION OF HUMAN SUBJECTS
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<http://www.hunter.cuny.edu/IRB>

IRB CLASSROOM PRACTICA STUDENT CERTIFICATION FORM

STUDENT NAME					
FACULTY MEMBER					
DEPARTMENT					
SEMESTER	? Fall ? Spring _____ ? Summer	YEAR	COURSE NUMBER		SECTION

As a student in the above referenced research practica, I certify to the following:

- ? No research practica I am working on for this class involves the collection of data from vulnerable subjects: **children, prisoners or mentally ill individuals**.
- ? No **identifying data** will be collected (no names, social security numbers or other codes that can be identified or be linked to subjects). The project will not use or disclosure health related information.
- ? I will not collect information regarding illegal activities; information that could cause emotional distress to subjects; information which would place me or my colleagues at risk; conduct research which would put the subject at risk if confidentiality were breached.
- ? It is my responsibility to ensure that my research practica is conducted according to ethical standards.
- ? I have completed the **CUNY Computer-Based Training (CBT)**. My CBT is attached.
- ? I will not use the data from this project for **presentation at conferences, publications or doctoral dissertations** unless there is further IRB review.
- ? Any adverse events as a result of my project must be reported to the IRB within 48 hours.
- ? This form is being filed prior to the commencement of the research practica.
- ? In the event that my research project for this class does not meet the practica criteria, (e.g., collection of data from children), I will forward the material for IRB review before the study can commence.

Signature

Date