



**Principal Investigator Statement of Assurance**

I certify that the above statements and attachments concerning this research are true.

I understand that I cannot initiate any changes in the certified protocol/research project before I have received re-certification and/or complied with all contingencies made in connection with that approval.

Signature of Principal Investigator

Date

**Research Faculty Supervisor**

I acknowledge and assure the Westcliff University Institutional Review Board that I am aware of the existence and status of this research activity and I agree to the statements made in the original IRB application and these revisions including the Statement of Assurance.

Faculty Research Supervisor

Signature

Date

IRB Chair or Designee

Signature

Date