Amendment to Original IRB Certification

Submit to the Institutional Review Board all requested materials.

IRB Research project #:

Please type in the following information regarding your study. Each item must be completed or indicated as non-applicable (N/A):

Date of Original Certification:	Date of Amendment Submission:	
Principal Investigator:	Email:	
Faculty Research Supervisor:	Email:	
Title of Project:1. Describe proposed changes to the research project:a. Revision to research project that impacts human participants:		
b. Revision to consent documents:		
c. Other (including change of research sug	pervisor) Specify:	
2. How have the requested changes affected	the level of risk involved for participants?	

3. Attach a complete copy of the original application and/or consent form(s) and include a revised copy with all additions/revisions/changes highlighted or in bold type.

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.

that approval.	1		
Signature of Principal Investigat	or D	ate	
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	