**APPENDIX B**

**IRBPHP**

**SIGNATURE PAGE (8.15)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Select Type of Application:** |  | Initial |  | Renewal |  | Modification |

|  |  |
| --- | --- |
| **Applicant Name:** |  |

|  |  |
| --- | --- |
| **Project Title:** |  |

**Signatures:**

I acknowledge that all procedures will meet relevant local, state, and federal regulations regarding use of human participants in research. I am familiar with and agree to adhere to the ethical principles in the conduct of research with human participants as set forth by the Dominican University of California IRBPHP Handbook.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Applicant |  | Date |
|  |  |  |
| Signature of Faculty Advisor\* |  | Date |

*\**Your signature indicates that you accept responsibility for the research described, including work by students under your supervision. It further attests that you are fully aware of all procedures to be followed, will monitor the research, and will notify the IRBPHP of any significant problems or changes.

**Category of Review:** Determined by faculty advisor or research. *(Note: See IRB Handbook pages 11-13 for category descriptions.)*

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| --- | --- | --- | --- | --- | --- | --- |
|  | Exempt |  | For Renewal and Modification Applications only: | | | |
|  | Expedited |  | Category of Review changed from Initial | | | |
|  | Full Board Review |  |  | | | |
|  |  |  |  | | | |
|  | | | |  |  |
| Signature of Applicant | | | |  | Date |
| \*\* Review by Department Chair required for students in some disciplines. | | | | | |
|  | | | |  |  |
| Signature of Faculty Advisor\* | | | |  | Date |
| \*\*\*Review by Dean is required for faculty researchers but not for student investigators unless this is a procedure of the School within which the student is majoring. | | | | | |

Please print and scan this signature page for your file and return electronically to [irbphp@dominican.edu](mailto:irbphp@dominican.edu)