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**St. John Fisher University Institutional Review Board**

**Research Supervisor Certification of Responsibility for Student Researcher(s)**

This form must be completed by the student’s research supervisor. The student researcher must submit this completed form as part of his application. By completing this form, the research supervisor certifies that the student researcher has sufficient training and experience to conduct this study in accordance with the research protocol.

# SECTION ONE: STUDENT RESEARCHER INFORMATION

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| --- | --- |
| **Principal Investigator:** |  |
| **Email:** |  |
| **Date:** |  |
| **Status:** | Undergraduate Student Graduate Student |

# SECTION TWO: RESEARCH SUPERVISOR INFORMATION

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| **Research Supervisor Name & Department:** |  |
| **Research Supervisor Phone:** |  |
| **Research Supervisor Email:** |  |

# SECTION THREE: RESEARCH SUPERVISOR RESPONSIBLITIES

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| After reviewing each responsibility, please check the box to indicate that you understand the responsibility described. | |
|  | I have thoroughly reviewed this IRB application and verify it is complete and the research is appropriate for student research in topic, scope and design. The student has organized all information in a single pdf. |
|  | I will meet or communicate with the student researcher to monitor progress. |
|  | I assume the roles and responsibilities required to oversee the conduct of this research, prevent harm to subjects and foster benefit to the subjects. |
|  | I ensure that any unanticipated problems, adverse effects, or incidents which may affect this project will be promptly reported to the IRB. |
|  | I ensure that this project adheres to all requirements for project modifications and continuing review. |

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| **Research Supervisor Signature:** | I understand that checking the box constitutes a legal signature confirming that I acknowledge and agree to the above responsibilities.  Electronic Signature |