## University of Dubuque[[1]](#footnote-1) Institutional Review Board (IRB)

#### COURSE CERTIFICATION FORM

(Please submit this form tothe Chair of the IRB)

**Name of instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Course title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please check off the condition that applies:

* This is the **first time** I am submitting a Course Certification form for this course.
* Since the last time I submitted a Certification form for this course, there are **no substantive changes** to the research students will do (type of participants, procedures, etc.)
* There are **substantive changes** to the type of research students will be doing since the last time I submitted a Certification form for this course.

Briefly outline the kinds of human research assigned or allowed in this course. Include a description of the participants typically used (e.g. other UD students, K-12 students, teachers, the general public, etc.) and the methods students will use to gain informed consent and maintain confidentiality (see Request for Exemption form for options). Attach additional pages (or continue on back) if necessary. **If you have made significant changes to student research projects/topics from previous times have certified this course, please highlight these changes.**

**Any cover letters, consent forms, and/or questionnaires that students give to research participants must include the following statement:**

* This survey (or project, etc.) is being conducted in partial fulfillment of the course requirements for (course title), taught by (instructor’s name) at **the University of Dubuque**. This course is in compliance with the course certification requirements of UD’s Institutional Review Board for the Protection of Human Subjects.

**Instructor’s certification regarding course:**

* I am familiar with the published policies of the Institutional Review Board at **the University of Dubuque** (http://intranet.dbq.edu/IRB). Before students begin research involving human subjects, relevant policies regarding the ethical treatment of human subjects will be reviewed with them. I will exercise reasonable and customary supervision in an attempt to ensure student compliance with the policies for the protection of human subjects at **the University of Dubuque**.
* I understand that only research projects meeting the conditions for exemption from IRB review are covered by this certification. If any individual student’s proposed project does not meet the conditions for exemption, I will require them either to change their plan or to submit the **Application for Expedited or Full IRB** **approval** and receive IRB approval before beginning research.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair Signature Date**

Please submit this form tothe Chair of the IRB (Instructor and department chair should keep copies on file. If more than one section of a course uses the same types of research, each instructor must sign a Course Certification Form.)

1. This form was adapted with permission from one on Xavier University’s IRB website (<http://www.xu.edu/IRB/>) in 2007. The University of Dubuque takes sole responsibility for the content and implementation of procedures by the IRB at UD. Last update: **3/2018** [↑](#footnote-ref-1)