

# Institutional Review Board

ST. JOSEPH'S UNIVERSITY

## **Training Declaration**

### **Personal Information:**

Name: \_\_\_\_\_

SJNY Position/Department: \_\_\_\_\_

For which IRB status will this training apply? (check all that are relevant)

- IRB Department Representative
- IRB Community Representative
- Instructor Supervising Classroom-Based Research Projects

### **Training Completion:**

I declare that I have read and understand the following documents specified in the training program for the SJC IRB (check all that apply). [See Note 1 below]

- SJC IRB Mission Statement, Board Structure, Regulations and Procedures
- Parts 46.107 through 46.117 of the Code of Federal Regulations for the Protection of Human Subjects (HHS)
- The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research (HEW)
- A certificate of completion from the Protecting Human Research Participants (PHRP) online training program.

Note 1 - All elements of the training program must be completed and the signed and dated Training Declaration submitted to the IRB chair before the individual may review IRB review applications or supervise classroom-based research projects.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**-- Training must be updated every three years --**