

Faculty Assurance Form for Human Subject Research

1. Protocol	
Title:	
2. Principal Investigator (Candidate)	
Name:	Department:
3. Faculty Mentor	
Name:	Department:
Phone:	email:
Faculty Mentor Assurance Statement	
<p>I am the faculty mentor for the candidate (Principal Investigator) submitting this protocol. By my signature, I certify that I have reviewed the protocol and believe that it is scientifically sound. Furthermore, I believe that the candidate has the necessary training, experience, and knowledge to conduct the research in a manner consistent with the regulations governing human subject research and sound research principles. I agree to:</p> <ul style="list-style-type: none">• Oversee and monitor the conduct of this research by communicating regularly with the PI• Assist with the resolution of any problems or concerns encountered during the research• Assure that the Aspen IRB is notified in the event of an adverse event or protocol deviation <p>I understand that as Faculty Mentor I am responsible for the conduct of this research.</p>	
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Faculty Mentor Name and Signature	Date