



**Institutional Review Board
Faculty Advisor Assurance Form**

Research Proposal Title: _____

Principal Investigator:

Name: _____ **Department:** _____

Email: _____

Faculty Advisor:

Name: _____ **Department:** _____

Email: _____ **Telephone:** _____

My signature denotes that I have reviewed the student's IRB proposal and believe it to be scientifically sound. I believe the student researcher has the necessary skills to conduct research in an ethical manner and that said student will conduct the research abiding by IRB and federal human subject regulations.

I agree to: (a) monitor the student's research through regular communication with the student, (b) assist the student in facilitating any problems that may develop during the course of the research and (c) assure that the student contacts the IRB in the event of an adverse event or protocol deviation.

I understand that as a faculty advisor, I am responsible for the conduct of this research.

Printed Name of Faculty Advisor: _____

Title of Faculty Advisor: _____ **Date:** _____

Signature of Faculty Advisor: _____ **Institution:** _____

Signature of Principal Investigator: _____ **Date:** _____

Email forms and supporting documentation to: irb@tccd.edu.