

Form D:	For IRB Use Only:	
CERTIFICATION OF COMPLETION OF STUDENT CLASS PROJECTS	IRB No.	Click here to enter text.
	Date Submitted	Click here to enter text.
	Date Approved	Click here to enter text.

Investigator's Assurance: By submitting this protocol, I certify that all of the projects listed below were conducted in compliance with the applicable principles, policies, regulations, and laws governing the protection of human subjects in research and that I ensured that all student projects adhered to these principles. I also certify that all students submitted an application to me for review and that all human subjects protections were met. I also certify that I will maintain these forms for no less than three years and I understand that the Chair of the IRB may periodically audit my records.

All forms should be submitted by email to kraig.knudsen@mh.ohio.gov or you may mail them to: Kraig Knudsen, Ph.D., Ohio Department of Mental Health, 30 East Broad Street, 8th Floor, Columbus, Ohio 43214-3430.

IRB #:	Click here to enter text.
Title of Class:	Click here to enter text.
Instructor:	Click here to enter text.
Semester:	Click here to enter text.

Please complete the following for each student project (please copy and use additional pages if extra space is needed):

Student Name:	Click here to enter text.
Title of Project:	Click here to enter text.
Brief Description:	Click here to enter text.

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SIGNATURE:	
<u>Click here to enter text.</u> Instructor	<u>Click here to enter text.</u> Date

IRB APPROVED:	
<u>IRB Chair or Designee</u>	<u>Date</u>