

**SIGNATURE ASSURANCE SHEET**

Principal Investigator's Assurance Statement:

I understand the New York Chiropractic College policy concerning research involving human subjects and I agree:

1. to accept responsibility for the scientific and ethical conduct of this research study;
2. to obtain prior approval from the Institutional Review board before amending or altering the research protocol or implementing changes in the approved consent form;
3. to immediately report to the IRB any serious adverse reactions and/or unanticipated effects on subjects which may occur as a result of this study;
4. to complete, on request by the IRB, the Continuation/Final Review Forms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Name Typed)

\*Department Head/\*\*Faculty Advisor/Sponsor Assurance Statement:

This is to certify that I have reviewed this research protocol and that I attest to the scientific merit of this study and the competency of the investigator(s) to conduct the project.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Name Typed)

\*If the principal investigator is also the Chairperson of the Department, the Vice Chairperson or equivalent should sign the Signature Assurance Sheet.

\*\*If the principal investigator is completing this project to meet the requirement of a College academic program, the student's faculty advisor or director should sign the Signature Assurance Sheet. If the principal investigator does not hold NYCC faculty rank or is not an employee of the College, a qualified faculty sponsor must be approved by the Research Director or Academic Dean and must sign the Assurance Statement.