*For Office Use Only:*

Date Received:

**Translation Certification Form**

**Institutional Review Board (IRB)**

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| **PROTOCOL TITLE:** |
| **HS NUMBER:** |
| **PRINCIPAL INVESTIGATOR:** |
| **LANGUAGE OF TRANSLATED DOCUMENTS:** |

|  |  |
| --- | --- |
| **TYPE OF SUBMISSION** | |
|  | The initial submission of the following forms (Please list the forms). |
|  | The modification of the following forms that have been approved. (Please list forms) |
|  | Other (Please describe and list forms) |

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| **CERTIFICATION OF TRANSLATION** |
| I certify that I have performed the translation of the following documents: (list here…)       for the referenced project.  Printed Name of Translator:  Signature of Translator:       Date: |

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| **CERTIFICATION OF BACK-TRANSLATION** |
| I certify that I have performed the back-translation of the following documents: (list here…)       for the referenced project. Please note that it is preferable if the back-translation is done by someone who is not part of the research team.  Printed Name of Back-Translator:  Signature of Back-Translator :       Date: |

IRB NOTE: The translation and back-translation should be done by two different people.