



RESEARCH ETHICS OFFICE
Research Ethics Board
299 Doon Valley Drive
Kitchener, Ontario N2G 4M4
Tel: (519) 748-5220 x 2349

SECTION G – SIGNATURES

Title of Research Project:

Primary Investigator Assurance:

I, _____, have the ultimate responsibility for the conduct of the study described in this application including my responsibilities as an advisor to any students involved in this project. I have read and am responsible for the content of this application. The information provided is complete and accurate. I understand that, as principal investigator, I will be the primary link with the REB, other researchers involved with this project, and the research participants. I agree to conduct the research in accordance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, Conestoga College ITAL Policies and Procedures for Ethical Conduct of Research, and the conditions of approval indicated by the Conestoga College Research Ethics Board.

I also understand that if I make any changes whatsoever to the sample documents provided with this application (including, but not limited to, the recruitment scripts, information and consent letters, survey questions, interview or focus group questions), I need to complete a change request form and submit this to the REB for review. I further understand that these changes, if substantive enough, may require a new application if they constitute new research. If any changes are made in the above arrangements or procedures, or adverse events are observed, I will bring these to the attention of the Research Ethics Coordinator immediately.

I further understand that I may not start any research at CCITAL without receiving a Certificate of Ethical Acceptability. I further understand that ethical approval does not constitute institutional approval of this research.

Signature

Date

Please mail a hard copy or fax a copy containing your electronic signature to the attention of:

Conestoga College Institute of Technology and Advanced Learning
Research Ethics Board Coordinator
299 Doon Valley Drive, Room 239, SCSB
Kitchener, ON N2G 4M4
Fax: (519) 748-3543

Note: If you send an electronic copy, this must be sent from your specific ISP. This electronic communication should be sent from a secure socket and sent from a secure address. If a fax is sent, this should be a scanned copy of the actual signature. Following this fax and/or electronic submission, the applicant should follow up with a verbal confirmation to be made to the REB Coordinator and should clearly indicate that this electronic copy is to be treated as your official digital signature.

Acknowledgement: This form has been adopted from the University of Guelph and McMaster University with permission and adapted for Conestoga College. Conestoga College gratefully acknowledges the contribution of the Universities in this regard.