

HRS Restricted Data Application: Certification of Human Subjects Review

Restricted Data Investigator: _____

Title of Research Proposal: _____

As chairperson of the Institutional Review Board/Human Subjects Review Committee of the Institution specified below, I certify that:

1. Our Institutional Review Board/Human Subjects Review Committee meets requirements established by the Department of Health and Human Services for Multiple Project Assurances or Federal-Wide Assurances;
2. Our Institutional Review Board/Human Subjects Review Committee has reviewed, according to its standards and procedures for live human subjects, and approved, the Restricted Data Protection Plan (and those portions of the Research Plan that deal with respondent anonymity and data security, if any), approved by the Health and Retirement Study, of the Restricted Data Investigator above; and has approved those plans.

Signature

Date

Typed name

Title

Institution

Building address

Street address

City

State

ZIPCode

Phone

Fax

email