



**Institutional Review Board
Faculty Advisor Attestation**

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| Project Title: |
| Principal Investigator Name: |
| Faculty Advisor Name: |
| Faculty Advisor Email: |
| Faculty Advisor Affiliation: |

I am the Faculty Advisor for the Researcher submitting this protocol.

By my signature, I certify that:

- I have reviewed the proposal, including the data management protocol, and determined that all departmental and institutional requirements are met.
- I believe that the researcher has the necessary training, experience, and knowledge to conduct the research in a manner consistent with the regulations governing human subjects research and sound research principles.
- The researcher has adequate resources to conduct the proposed research.
- I acknowledge that I am acting in an advisory capacity on this protocol for the researcher.
- As faculty advisor I will:
 - Oversee and monitor the conduct of this research by communicating regularly with the Principal Investigator
 - Assist with the resolution of any problems or concerns encountered during the research
 - Assure that the Cochise College IRB is notified in the event of an adverse event or unanticipated problem.

Faculty Advisor Signature and Date