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|  |    | Grand Canyon UniversityCollege of Doctoral Studies3300 W. Camelback RoadPhoenix, AZ 85017Phone: 602-639-7804 Email: irb@gcu.edu |

**Translation of Certification Form**

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| **Instructions** |
| Please fill out the information below. It is recommended by GCU that you obtain a certified translator independent of your committee to translate all IRB recruiting documents (English to non-English) into the appropriate language(s) for clarity and efficiency. Google or any other web search engines will not suffice as an official translation; as the translation may be incorrect and may not provide the correct wording or phrases. **\*The IRB has the right to request documentation of translator’s credentials and certifications.** |

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| **PRINCIPAL INVESTIGATOR (PI) Information** |
| Principal Investigator:       |
| Study Title:       |
| E-mail address:       |
| Phone number:       |

**INVIGATOR CERTIFICATION**

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| **Certification of Translation** |
| I declare that I am certified, fluent in English and fluent in (type foreign language here). I have performed the translation word-for-word the following documents (list of documents listed here) in (type foreign language here) for the referenced project and appears, to the best of my abilities, to be true and accurate. \* 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 Translator:       |
| Signature and Credentials of Translator: Date:Name of institution/company providing certification:Street, City, Zip Code: |
| Email Address: | Phone Number:  |

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| **Certification of Back-Translation** |
| I declare that I am certified, fluent in (type foreign language here) and fluent in English. I have performed the back-translation from (type foreign language here) to English for the following documents (list of documents listed here) for the referenced project and to the best of my abilities, to be true and accurate. \*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 Translator:       |
| Signature and Credentials of Back-Translator Date: Street, City, Zip Code: |
| Email Address: | Phone Number: |