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| Translation Certification FormThe purpose of this form is to provide documented certification of translated documents. For more information, see OIRB SOP 506 Translation for Non-English Speaking Participants

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| Instructions: | Complete the required sections.Sections marked with an asterisk ( \* ) are required. Sections marked with a double asterisk ( \*\* ) are required if applicable. |

 | C:\Users\cbcholka\AppData\Local\Microsoft\Windows\INetCache\Content.Word\UNM_OfficeInstitutionalReviewBoard_Horizontal_RGB.PNG1805 Sigma Chi NE | Tel: (505) 277-2644 Website: irb.unm.edu | Email: IRBMainCampus@unm.edu |

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| Project Identification |
| *\* Title of the project:* |  |

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| Principal Investigator of Record |
| \* The Principal Investigator of record is: *(select one)* | [ ]  Principal Investigator | [ ]  Responsible Faculty |
| \* Name: |  | \* Phone: |  | \* Email: |  |
| \* Department: |  | \* University Status (e.g. tenure track or visiting faculty, instructor, staff, etc.): |  |
| \* Affiliation: | [ ]  Main Campus | [ ]  UNM Branch Campus:  | [ ]  External Partner:  |

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| Additional Contact Person |
| \*\* The contact person for this project is: *(select one)* | [ ]  Student Investigator | [ ]  Project Coordinator |
| \*\* Name: |  | \*\* Phone: |  | \*\* Email: |  |
| \*\* Department: |  | \*\* University Status (e.g. undergraduate, master’s or PhD student, staff, etc.): |  |

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| Certification |
| \* The Principal Investigator is ultimately responsible for translations. By submitting this request, the PI certifies that: |
| [ ]  | To the best of their knowledge, the translation of the document(s) identified below is accurate, complete, and ready to be used with prospective research participants. |
| [ ]  | The PI has information about the credentials of the agency or individuals who provided the translation (and verification, if needed) which enabled the PI to conclude they were qualified and the translation is trustworthy. This information can be made available to the IRB upon request. |
| I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and accept the obligation to comply with all applicable federal regulation and state laws, institutional policies and procedures, and the requirements and determinations of the UNM IRB with respect to this research. |

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| --- | --- |
| Principal Investigator/Responsible Faculty | Student Investigator |
|  |  |  |  |
| \* Signature | Date | \*\* Signature | Date |

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| List of Translated Documents |
| *List all translated documents with version date.* | *Document name:*                               | *Version Date:*                               |
| Certification of Translation |
| Name of translator:       | Email:       |
| Qualifications of translator:  | [ ]  I am certified by:      (Provide name of institution/company providing certification.) |
| [ ]  I am not certified. My qualification(s) to translate (e.g. the number of years you have provided translation services, educational background, etc.) is/are:       |
| By signing below, you certify that you are certified as fluent in English and fluent in specify laguage(s). You performed the translation word-for-word for the document(s) referenced above to the best of your abilities and it appears to be true and accurate. |
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| \* Signature of Translator Date |

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| Certification of Back-Translation (required only if study is more than minimal risk) |
| Name of translator:       | Email:       |
| Qualifications of translator:  | [ ]  I am certified by:      (Provide name of institution/company providing certification.) |
| [ ]  I am not certified. My qualification(s) to translate (e.g. the number of years you have provided translation services, educational background, etc.) is/are:       |
| By signing below, you certify that you certified as fluent in specify language(s) and fluent in English. You performed the back-translation from specify language(s) to English for the document(s) referenced above to the best of your abilities and it appears to be true and accurate. |
|  |
| \* Signature of Back-Translator Date |