

COLLEGE OF PUBLIC HEALTH & HEALTH PROFESSIONS

BACHELOR OF HEALTH SCIENCE PROGRAM

HSC 4970: HONORS RESEARCH

IRB/IACUC HONORS STATEMENT

Student Name

UF ID

Project Title: _____

I hereby verify that this study is being conducted and will be completed under an active IRB/IACUC.

Investigator Signature

Printed Name

Date

Study Involves: _____ Human Subjects (IRB)

_____ Research Animals (IACUC)

Approval Status: _____ Project Approved (Approval Letter Attached)

_____ New IRB/IACUC Protocol Will Be Submitted (Student brings approval letter to the BHS Department when issued)