ENTER TODAY'S DATE

CENTER FOR SCIENTIFIC REVIEW
NATIONAL INSTITUTES OF HEALTH
SUITE 1040
6701 ROCKLEDGE DRIVE MSC 7710
BETHESDA, MD 20892-7710

RE: TITLE OF GRANT APPLICATION AND NAME OF PRINCIPAL INVESTIGATOR

Dear Grants Administrator,

The following key personnel who are involved in the human-subject research described in the application referenced above have completed required education in the protection of human research participants offered by Boston University:

HIGHLIGHT THIS STATEMENT; TYPE OVER IT THE NAMES OF KEY PERSONNEL WHO HAVE RECEIVED HUMAN SUBJECTS TRAINING

The Boston University educational program consists of: a two hour review of regulatory and informational documents pertaining to human subject research; the history of human subject research and abuses of human subjects and informed consent practices; followed by a question and answer period with emphasis on specific examples of appropriate and inappropriate human research and informed consent.

The following statement may apply to your application. If it does, click 'Show'; if not, click 'Hide':
(•) **Show** ( ) **Hide**

The following key personnel are not involved in the human subjects portion of the application referenced above:

YOUR PROJECT HAS KEY PERSONNEL WHO ARE NOT INVOLVED IN THE HUMAN SUBJECTS PORTION OF THE APPLICATION; HIGHLIGHT THIS STATEMENT; TYPE OVER IT THE NAMES OF THESE KEY PERSONNEL

Sincerely,

_____
Authorized Institutional Official