



<i>Initials:</i>	<i>File No.</i>
<i>Date Rec'd:</i>	<i>Exp. Date of current cert. of approval:</i>

APPLICATION FOR ANNUAL RENEWAL OR AMENDMENT

All information requested must be printed in the space provided. Incomplete submissions will not be reviewed by the RAC. (Do not leave any box blank. Indicate "not applicable" if appropriate).

Annual Renewal and/or Amendment

1. Project Title: _____ _____ _____	2. Ethics Approval: Registered/University Research Ethics Board (REB) Certificate of Approval attached Approval pending – attach evidence															
3. Principal Investigator / Student: Name: _____ Title: _____ Email: _____ Graduate Student: _____ Undergraduate Student: _____ Affiliation: _____	4. Co-Investigator/Faculty Advisor: Name: _____ Name: _____ Title: _____ Title: _____ Phone: _____ Phone: _____ Email: _____ Email: _____ Affiliation: _____															
5. Contact Person: (if different from P.I.) Name: _____ Title: _____ Phone: _____ E-Mail: _____	6. Contact Person's Mailing Address: _____ _____ _____															
7. Provide a full and accurate listing of all documents submitted with this Application for Annual Renewal or Amendment. <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Correct # of copies included</th> <th style="text-align: center;">Version # + Date</th> </tr> </thead> <tbody> <tr> <td>Application form for annual renewal (signature copy)</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Consent form revision (if applicable)</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>REB Certificate of Approval</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Other (specify) _____</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>			Correct # of copies included	Version # + Date	Application form for annual renewal (signature copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Consent form revision (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	REB Certificate of Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	Other (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
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Other (specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____														
8. Principal Investigator / Faculty Advisor: <i>I agree to abide by the Tri-Council Policy for Ethical Conduct for Research Involving Human Subjects. I agree to abide by 'Northwood's Guidelines for Researchers'.</i> Signature: _____ Date: _____																

