**TCU IRB Translation Certification Form**

TCU IRB#:

Study Title:

Principal Investigator (PI):

Original Language:

Translated Language:

Translator First and Last Name:

Translator email address:

Qualifications of Translator (i.e., certifications, life experiences, education,

years of experiences, registrations, etc.):

Date of Translation:

Description of Documents Translated (i.e., participant consent form, parental consent form, child assent form, adolescent assent form, email

script, flier, etc.):

**Translator Certification:**

I certify that I am fluent in (original document language) and

 (translated document language), and that the above described information and attached/corresponding document(s) is an accurate translation.

Translator Signature:

Date:

**PI Certification:**

By signing this form, I certify that I understand it is my responsibility as Principal Investigator to ensure that IRB-approved study documents, e.g., recruitment materials and consent forms, are accurately translated in a language understandable to study participants.

PI Signature:

Date: