|  |  |
| --- | --- |
| FORM – IRB Authorization Agreement | **College of Graduate Studies and Research**  **Institutional Review Board (IRB)**  Northeastern Illinois University  5500 N. St. Louis Avenue  Chicago, IL 60625-4699  Phone:  773-442-4675  Email:  irb@neiu.edu |

|  |
| --- |
| **Project Information** |
| Name of Principal Investigator: |
| Project Title and IRB Number: |
| Sponsor or Funding Agency: |
| Award Number: n/a |

|  |  |
| --- | --- |
| **IRB Providing Review (Institution A)** | |
| Name of Institution Providing IRB Review |  |
| Federal Wide Assurance Number |  |
| IRB Registration Number |  |

|  |  |
| --- | --- |
| **Relying Institution (Institution B)** | |
| Name of Institution Relying on the Reviewing IRB | Northeastern Illinois University |
| Name of co-Investigator |  |
| Federal Wide Assurance Number (if applicable) | 00021524 |

The Officials signing below agree that Institution B will rely on Institution A for review, approval, and continuing oversight of the human subject research covered by the institution’s Federal Wide Assurance for the project identified above. This agreement is applicable only to the project named above and to no other research in which Institution B may be engaged presently or in the future.

The review, approval, and continuing oversight performed by the relied-upon Institution A will meet the requirements of the HHS regulations for human subjects protection per 45 CFR 46, as well as the requirements of Institution B’s Federal Wide Assurance (if applicable). Institution A will follow its written procedures for reporting its findings and actions to appropriate officials at Institution B. Relevant minutes of IRB meetings will be made available to Institution B upon request. Institution B remains responsible for ensuring compliance with the IRB’s determinations and with the terms of its FWA (if applicable), or other applicable laws and regulations.

This document must be kept on file at both institutions and be provided to the Office of Human Research Protections upon request.

**Signatures**:

Authorized Official at Institution A:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Title:

Authorized Official at Institution B:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Shedeh Tavakoli, Ph.D.

Title: IRB Chair & Department Chair, Counselor Education

Associate Professor