



Ethics Application Departmental Confirmation of Support

REB Number:	Study Title:	
Date:		
Study Location(s):		
Principal Investigator:	Investigators:	
Department/Division/Program:		
Contact or Form Submitter:		
Contact Email:		
ATTESTATIONS:		
<p>Approvals provided below are confirming the following have been taken into consideration:</p> <ul style="list-style-type: none">• That individuals, divisions, or departments potentially impacted by the research endorse the study.• That potential research fatigue within a division and/or a study population has been considered.• That similar studies are not being duplicated.• That there is value to the proposed research.• That the Investigator has the capacity to successfully execute the research.		
SIGNATURES:		
Principal Investigator: <i>(required)</i>	Date:	
Division Head or Director: <i>(required)</i>	Date:	
Name: Title:		
Department Head: <i>(only required if Division Head/Director is a named study member)</i>	Date:	
Name: Title:		
VP: <i>(only required if all of the above are named study members)</i>	Date:	
Name: Title:		

Please upload completed forms with your REB submission.