

Fairview Health Services
Research Administration

Investigator Certificate of Education

This certificate ensures that Fairview is compliant with the standards set forth in the Federal Wide Assurance (FWA) number, filed with the Office of Human Research Protections (OHRP), that all key personnel complete education and training on the protection of human participants in research studies.

By signing this form, I attest successful completion of the following educational requirements (check all that apply):

- Level 1 (required if requesting full or expedited IRB review)
- Level 2 (required if requesting exemption from IRB review)

Also, by signing this form, I certify that I will forward this document to Fairview Research Administration in accordance with the Fairview Health Services Research & Enabling Policy.

Signature: _____

Date: _____

Printed Name	
Mailing Address	
Email Address	
Telephone number	

Indicate preferred method of correspondence:

- US mail
- Email

Return this form with the course test results to:
Fairview Health Services Research Administration
Riverside Professional Building, Suite #815
2450 Riverside Avenue
Minneapolis, MN 55454