

Institutional Review Board (IRB) Translation Attestation Form

Instructions: Submit this form with translated materials to indicate the credentials of the translator if the translation is performed by an individual vs. a professional translation service. The Translation Attestation Form is required to verify that the translations are accurate. Those who translate the material are to provide a brief description of their qualifications, skills or experience or a copy of their certification for serving in this role and sign the form.

Name of Translator		Division/Department	
Email		Role	

1. I am duly qualified to translate the following foreign languages: _____

2. I am a certified translator by _____
(name of institution/company providing certification). Please provide a copy of certificate.

-OR-

I am not certified. My qualifications to translate are: (e.g. the number of years you have provided translation services, the names of organizations you have provided translation services, native speaker, educational background, academic degrees/ credentials).

a. If the study involves more than minimal risk and/or is biomedical in nature, provide the back translation of the documents listed below done by a different fluent translator other than the one who performed the original translation. *The 2nd translator must also complete a separate Translation Attestation Form.*

3. Identify the document(s) that have been translated:

Original Document Name (e.g., Parental Permission)	Original Document Version Date (e.g., Version 1, 5/23/2022)	Date of Translation	Translated Language

The translator declares they are fluent in and understand the English language and the language(s) of translation. I attest I can speak, write, and understand the identifies language(s) easily and accurately. The non-English translated documents are a true and accurate translation of the English documents. By signing below, I, the translator, agree with this statement:

Signature of Translator (electronic or ink signature)

Date