Date (within 48 months prior to document submission): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From: (Applicant Organization) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Magnet Recognition Program®

Subject: Institutional Review Board (IRB) Process

Please choose the attestation option(s) that represent(s) your organization’s IRB process. If your organization uses both a full IRB Review and a Formal Exempt Determination process, please check and complete both attestation options as applicable. Refer to the 2023 Magnet Application Manual (0010) for more information.

***Select & Complete Section A: if your organization uses a full IRB Review***

**Section A**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (IRB Name - applicant organization or external IRB) has policies, procedures, or bylaws designating consistent membership and involvement as a voting member by at least one nurse in the governing body responsible for the protection of human subjects. Our records indicate that the majority of our meetings have either a nurse member or nurse alternate member present and in voting status.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive IRB Chair (Printed Name) Executive IRB Chair (Signature)

*Please note: an electronic transmission of this signed form constitutes an electronic signature.*

**Please direct all questions to:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Email Address Phone Number

***Select & Complete Section B: if your organization uses a Formal Exempt Determination process***

**Section B**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of organization staff member or group) has been educated and trained to determine if the research is to be exempt from full IRB Review. Exempt determinations comply with the Human Research Protections Program governing body.

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Nursing Officer (Printed Name) Chief Nursing Officer (Signature)

*Please note: an electronic transmission of this signed form constitutes an electronic signature.*

**Please direct all questions to:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name Email Address Phone Number