

**Institutional Review Board Office**

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Johns Hopkins Bloomberg School of Public Health Institutional Review Board

Certification of GCP Training

*(must be typed)*

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| Principal Investigator (PI): |       |
| IRB Number: |       |
| Study Title: |       |
| Study Team members: |       |

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| **Certification: To be completed by the Principal Investigator** |
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| I certify that the study team members listed above have completed all modules for the GOOD CLINICAL PRACTICE (GCP) FOR SOCIAL AND BEHAVIORAL RESEARCH FIELD GUIDE and have successfully completed an assessment for the guide. |
| Signature of PI:       Date:       |

Submit a copy of this document to the IRB and keep a copy in the study records.