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**University of Tennessee Graduate School of Medicine**

**Institutional Review Board**

**Translator’s Declaration**

This form should be completed by the identified translator of any project related documents including but not limited to the IRB approved Informed Consent Form, or recruitment materials such as advertisements. This form is to be included along with the translated documents for all projects proposing to recruit and enroll individuals who may have limited English proficiency.

**Title of Project: click here to enter text**

**IRB #**: click here to enter text

**Principal Investigator**: click here to enter text

**Please check qualifications as applicable** (check all that apply):

I, click here to enter text., declare that I am qualified to serve as translator because:

I am a certified translator

I am a credentialed translator

I am a native speaker of .click here to enter text language

I hold a click here to enter text. degree in click here to enter text. language

Other: Click or tap here to enter text.

I, Click here to enter text. declare that I am fluent in and understand the English language and the Click here to enter text. language. To the best of my knowledge and belief, the attached translation(s) are true, accurate and correct.

**Translator’s Name:** Click here to enter text.

**Translator’s email address:** Click here to enter text.

**Attached are translated version(s) of each document provided to me (please list all documents which were translated):**Click here to enter text.

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Signature of Translator Date