Translator and Interpreter Certification Form

This Certification Form is to be completed by the Principal Investigator (PI) of the project and the individual performing translation and/or interpretation for all subject-facing documents, including but not limited to the IRB-approved Informed Consent Form, or recruitment materials such as advertisements.

Individuals and employees of professional services may complete this form along with the included Translation/Interpretation Certification Statement.

This Certification Form is to be included along with the translated documents for all projects proposing to recruit and enroll Non-English Speakers. Please see *IRB SOP: Recruitment and Enrollment of Non-English Speaking Subjects* for more information regarding this process.

Please Note: One Certification Form should be completed per translator/interpreter.

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| PRO#:Click or tap here to enter text. | AME# (if applicable):Click or tap here to enter text. |
| PI Name: Click or tap here to enter text. |
| Title of Project: Click or tap here to enter text. |

# Section 1: Translation Certification (to be completed by the Translator)

This Section should be completed by the individual translating the documents listed in Section 1F of the table below. The MCW IRB will assess the Translator’s Qualifications to verify they are qualified to serve in this role. Please see the *IRB SOP: Recruitment and Enrollment of Non-English Speaking Subjects* and the *Translator and Interpreter Guidance* for more information about qualifications for translators engaged in research.

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| 1A. Translator’s Name: Click or tap here to enter text. |
| 1B. Translator Email Address: Click or tap here to enter text.  |
| 1C. Translator’s Qualifications: Click or tap here to enter text.  |
| 1D. Language of Translation: Click or tap here to enter text.  |
| 1E. Affiliation with Study Team (please describe the affiliation—i.e., project staff, CAB member etc.— and/or the name of the contracted professional service):Click or tap here to enter text.  |
| 1F. List of Translated Documents (Please list each document that has been translated by this individual—i.e., consent form, advertisements, surveys, etc.) Add additional rows if need. |
| Name of Translated Document (as named in eBridge): | Date of Translation: |
| 1. Click or tap here to enter text.
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| 1G. I affirm that the translated version(s) of the document(s) listed above is/are a complete Click or tap here to enter text. translation of the English-language documents provided to the MCW IRB and do(es) not contain information that is not presented within the context of the English versions. Translator Signature Click or tap here to enter text. Date: Click or tap to enter a date.  |

# Section 2: Interpreter Certification (to be completed by the Interpreter)

This Section should be completed by the individual interpreting for the research activities detailed in Section 2F of the table below. The MCW IRB will assess the Interpreter’s Qualifications to verify they are qualified to serve in this role. Please see the *IRB SOP: Recruitment and Enrollment of Non-English Speaking Subjects* and the *Translator and Interpreter Guidance* for more information about qualifications for translators engaged in research.

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| 2A. Interpreter’s Name: Click or tap here to enter text. |
| 2B. Interpreter’s Address: Click or tap here to enter text.  |
| 2C. Interpreter’s Qualifications: Click or tap here to enter text.  |
| 2D. Language of Interpretation: Click or tap here to enter text.  |
| 2E. Affiliation with Study Team (please describe the affiliation—i.e., project staff, CAB member etc.— and/or the name of the contracted professional service):Click or tap here to enter text.  |
| 2F. Description of interpreter’s involvement in project (Please detail the research activities the interpreter will participate in—i.e., recruitment, consenting, survey distribution, etc.—and the timeframe during which you will serve as interpreter for this project):Click or tap here to enter text.  |
| 2G. I affirm that:* The project protocol has been reviewed with me and any questions were answered by the study team.
* My experience and/or credentials qualify me to serve in an interpretive capacity for this research project.
* I am over the age of 18
* I have no familial relationships with any subjects in this research project

Interpreter Signature: Click or tap here to enter text. Date: Click or tap to enter a date.  |

# Section 3: PI Certification (to be completed by the PI)

This Section should be completed by the PI for the project as they have overall responsibility for the conduct of a research project, including all technical, programmatic, financial, compliance, and administrative aspects. Please see the *IRB SOP: Responsibilities for Investigators Conducting Human Subject Research* for additional information on the investigator responsibilities. For more information about qualifications for translators engaged in research please see *IRB SOP: Recruitment and Enrollment of Non-English Speaking Subjects* and the *Translator and Interpreter Guidance*.

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| 3A. PI Name: Click or tap here to enter text. |
| 3B. I affirm that:* The above translator/interpreter has appropriate credentials to serve in this capacity for the above documents and/or activities of PRO#: Click or tap here to enter text.
* The Protocol and eBridge SmartForm describe a plan to ensure confidentiality for all activities engaging non-English speakers, specifically when selecting an interpreter from the community where subjects will be recruited.
* I have reviewed the Translation/Interpretation Certification Statement(s) and approve this individual to serve as translator/interpreter for this project.

PI Signature: Click or tap here to enter text. Date: Click or tap to enter a date.  |