



Johns Hopkins Bloomberg School of Public Health  
Institutional Review Board  
**Certification of GCP Training**  
*(must be typed)*

**Institutional Review Board  
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Principal Investigator (PI):	
IRB Number:	
Study Title:	
Study Team members:	

<b>Certification: To be completed by the Principal Investigator</b>	
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.