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| logo  **AMENDMENT FORM**  **FOR USE WITH PROJECTS INVOLVING PROGRAM EVALUATION/QUALITY IMPROVEMENT/ASSESSMENT/PROGRAM PLANNING** |

**Project Name:**

**Project Number assigned when determination was made:**

**Principal Investigator of Project:**

Please use this section to request an amendment/addendum to a currently approved non-research project. This includes changes in project design, data collection, or participants. Please complete, sign, scan, and e-mail this form to Trish Wilson at paw@neomed.edu. Please attach all requested documents.

Write amendment below:

**1) Please provide a short summary of the amendment/addendum you are requesting.**

**If this amendment is to change any surveys or other data collection forms, please attach the revised documents.**

**2) Please provide a justification for this amendment/addendum request. How will this change or improve the project?**

I certify that all responses to the above questions are correct. (Principal Investigator)

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:

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Signature Date

**Additional Attachments:** (please list)

1.

2.

3.

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*For Reviewer Use Only:*

**Section 8: Amendment Approval**

**Does this change the determination of the project?**

**Yes: (If yes, the student will have to apply to IRB for the project.)**

**No**

**Is there further documentation needed?**

**Yes: (If yes, please list what is needed)**



**No**

**Determination:**

**Approval**

**Non-approval**

**Areas of Concern for non-approval:**

**Reviewer Signatures:**

Name Date