

Appendix 18: Rutgers IRB Closeout Form

(Today's Date)

I, _____, a candidate for DNP Program
(Name)
expecting to graduate on _____ affirm that I have
(Date)

(please check one):

- have been formally notified by the RBHS IRB office that my request to close my protocol has been approved. A copy of this approval attached.
- have applied to the RBHS IRB office for closure of the IRB protocol related to my PROJECT research. A dated copy of this application and final report is attached.

I understand that if the IRB does not approve of this closure before the date of the graduation, my diploma may be held. I also understand that if the IRB requests clarifications or amendments to my report that I am responsible for doing so before my University web access and email are terminated. Failure to do so may place my committee chair's name on IRB probation and may adversely affect other students' ability to work with this faculty member.

Signature of DNP Program Candidate