

SSA/CHC IRB Institutional Review Board  
**Certification of Single-Back Translation**

Please indicate the language(s) and method of translation on this form. A single back translation process must be conducted for the translations, which means a second, independent translator checks the work of the primary translator. The primary and secondary translators must be proficient or fluent in the native or primary language of the research participants. This form is to be signed and uploaded to the AURA-IRB protocol study application.

|   |                 |
|---|-----------------|
| Principal Investigator (PI):  |                 |
| Protocol Study Title and IRB Protocol Number:   |                 |
| Translated Study Material(s):   | List Documents: |
| Name of primary qualified translator or translating organization, and description of proficiency and qualifications of the individual who performed the translation from English to other language(s) |                 |
| Name of second qualified translator or translating organization, and description of proficiency and qualifications of the individual who performed the translation from other language(s) to English  |                 |
| Language(s) into which the document(s) were translated  | List Languages: |

**Certification: To be signed by each person who provided translation**

I, the undersigned, verify that all translated study materials into the identified language(s) related to the above named protocol study reflect the intent and spirit of the original English text.

**Printed or Signed Signature of Primary Translator:**

**Date:**

I, the undersigned, verify that all translated study materials from the identified language(s) back to English related to the above named protocol study reflect the content of the original English text.

**Printed or Signed Signature of Second, Independent Translator:**

**Date:**