

DATE: _____

FROM: _____

ORGANIZATION: _____

TO: Magnet Recognition Program®

SUBJECT: Nurse Membership on the Institutional Review Board (IRB)

_____ (IRB Name - applicant organization or external IRB) has policies, procedures, or bylaws designating consistent membership and involvement as a voting member by at least one nurse in the governing body responsible for the protection of human subjects. Our records indicate that the majority of our meetings have either a nurse member or nurse alternate member present and in voting status.

_____ (IRB Name) may also be asked to determine research to be exempt from IRB Review. Exempt determinations are made by an IRB Board member.

If you have any questions, please contact:

_____ (Name)

_____ (Email)

_____ (Phone Number)

Sincerely,

Institution Officer (Printed Name)



Institution Officer (Signature)

**Please sign or apply digital signature above. If you are unable to provide a digitized signature, electronic transmission of this signed form constitutes an electronic signature.*