Certification of Translation

*Note: This document is mainly for use in Investigator-initiated studies, whereby documents translated by an individual fluent in the given language is acceptable. This document, describing the translator’s proficiency in the given language, should be provided to ACMS-IRB along with the translated documents.*

|  |  |
| --- | --- |
| **Study Title:** | Text Field |

Name of Original Document: \_\_Text Field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Language of Document: \_\_\_\_\_Text Field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document translated to the language of: \_\_\_\_\_Text Field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Translated Document: \_\_\_\_\_Text Field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



To be filled in by Person translating the above documents

Full Legal Name of Translator: \_\_\_\_\_Text Field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the translator’s highest qualification in the 2 above-mentioned languages:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Highest Qualification** | **Institution** | **Pass/Grade(Optional)** |
| **Original Language** | Eg: GCE ‘O’Level | Eg: ABC Secondary School | Eg: Pass |
| **Translated Language** |  |  |  |

I hereby certify that I have translated the above-mentioned document from (Text Field: to insert Orginal Language here) into (Text Field: to insert Translated Language here) and to the best of my ability, the translation is true and accurate. I further certify that I am competent in both languages mentioned above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Translating Document Date of Signature

Verification of Translation

To be filled in by Person verifying the translated document

Note: This section is optional. Translator and Verifier MUST NOT be the same person

Full Legal Name of Person Verifying Translation: \_\_\_\_\_Text Field\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state the highest qualification of the person verifying the translation in the 2 above-mentioned languages:

|  |  |  |  |
| --- | --- | --- | --- |
|   | **Highest Qualification** | **Institution** | **Pass/Grade(Optional)** |
| **Original Language** | Eg: GCE ‘O’Level | Eg: ABC Secondary School | Eg: Pass |
| **Translated Language** |  |  |  |

I have verified the above-mentioned translated document and to the best of my ability, the translation is true and accurate. I certify that I am competent in both languages mentioned above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Verifying Translation Date of Signature