**Study Completion Form**

Please submit this form when the human participation part of your study is complete. This includes data collection or any other contact you have with participants.

SUNY Canton IRB Number:

Title of Project:

Principle Investigator Name and Title:

Principle Investigator Contact Information:

I hereby certify that all data collection involving human participants for this study has been completed.

***Signature of researcher Date***

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