

Instruction: After completion, send this form along with the appropriate practice materials and forms to the Certification Coordinator at the SHHS Coordinating Center.

A. Identifying information



 7. Personnel assurance <i>I have read the Sleep Heart Health Study Protocol</i> and I understand and agree to abide by the design tenets of the trial. <i>I understand that the information provided by</i> study participants is not to be used in any way that will compromise their rights to confidentiality or privacy and that failure to respect these rights may result in my dismissal from SHHS. <i>I understand the need for high standards of</i> integrity in the data collection and recording process. Further, I understand that any shortcomings in this regard on my part can have an impact on the credibility of SHHS and may result in my dismissal from the study. <i>I understand that this is a collaborative study and</i> that any presentations or publications made before that data are placed in the public domain are subject to the review and approval of the SHHS Publication and Presentations Subcommittee 	6. All personnel		D. Assurance of review
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