

**Centre for Applied Research,  
Innovation and Entrepreneurship**  
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## Researcher Attestation

**What this form is for:** This form is to be completed by a researcher prior to engaging in research under the auspices of the college.

**Instructions:** Please complete this form and submit it to the Centre for Applied Research, Innovation and Entrepreneurship at [noelle.smith@lethbridgecollege.ca](mailto:noelle.smith@lethbridgecollege.ca).

**Retention:** This form is to be stored by the Centre for Applied Research, Innovation and Entrepreneurship for the duration of the researcher's engagement with the college as a researcher.

First Name	Last Name	Student / Employee Number

I have read and understand the College's Applied Research and Scholarship Policy. I agree to conduct my research in accordance with this policy, the College's other policies and procedures, any research agreements or funding letters that pertain to my research, all applicable laws and regulations, the requirements of relevant accrediting bodies, and ethical standards, including any ethics approvals granted by an animal care committee or a research ethics board. I acknowledge that it is my responsibility to familiarize myself with these standards.

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Signature (not required if emailed from your Lethbridge College account)

Date (YYYYMMDD)