



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service



RESEARCH INTEGRITY  
ASSURANCE ESTABLISHMENT FORM

Form Approved

OMB No. 0937-0198; Expires: 01/31/29  
See Statement of Burden at bottom of form  
Date Request Submitted (mm/dd/yyyy)

INSTRUCTIONS

Institutions who apply for or receive Public Health Service (PHS) support for biomedical or behavioral research, research training, or activities related to that research or research training must provide HHS with an assurance of compliance with 42 CFR Part 93. Institutions should complete this form to establish their assurance with the Office of Research Integrity (ORI). To complete this form, institutions must develop and submit policies and procedures that comply with the Public Health Service (PHS) Policies on Research Misconduct at 42 CFR Part 93. If an institution believes it qualifies as a small institution (42 CFR § 93.240), it may complete and submit the Small Institution Statement with this form instead of developing and submitting policies and procedures. A research integrity assurance cannot be established by ORI without either policies and procedures or the Small Institution Statement. To maintain an assurance, institutions must annually submit a Research Integrity Assurance and Annual Report on Possible Research Misconduct form. For questions, contact [ORI\\_Assurance@hhs.gov](mailto:ORI_Assurance@hhs.gov) or call (240) 453-8400.

SECTION I. INSTITUTIONAL INFORMATION

INSTITUTION NAME

INSTITUTION STREET ADDRESS

CITY	STATE	ZIP CODE	COUNTRY
NIH IPF NUMBER (if available)		INSTITUTION UEI NUMBER (if available)	
PHS FUNDING COMPONENT (if available)			

SECTION II. INSTITUTIONAL CONTACTS

A. The person responsible for serving as the Institutional Certifying Official (42 CFR § 93.217):

NAME		TITLE
TELEPHONE NUMBER ( ) -	EXT	EMAIL ADDRESS

B. Please add a secondary institutional contact (if applicable):

SECONDARY OFFICIAL		TITLE
TELEPHONE NUMBER ( ) -	EXT	EMAIL ADDRESS

C. The person responsible for serving as the Research Integrity Officer (42 CFR § 93.233):

NAME		TITLE
TELEPHONE NUMBER ( ) -	EXT	EMAIL ADDRESS

D. The person responsible for assuring that the institution fosters a research environment that promotes research integrity and the responsible conduct of research and discourages research misconduct:

NAME		TITLE
TELEPHONE NUMBER ( ) -	EXT	EMAIL ADDRESS

(continued on next page)

### SECTION III: ESTABLISHMENT OF ASSURANCE OF COMPLIANCE

The Institutional Certifying Official must assure the following on behalf of the institution. The institution certifies that:

- ☐ It will comply with its policies and procedures for addressing allegations of research misconduct.
- ☐ It will comply with all provisions of 42 CFR Part 93.
- ☐ It has checked for an active assurance with ORI. This form is for institutions seeking to establish an ORI assurance.

*Institutions with active assurances must only file the Research Integrity Assurance and Annual Report on Possible Research Misconduct, which must be submitted to ORI annually. Institutions can check for active assurances in the Annual Report System at [ori.hhs.gov/arprm/Login.php](http://ori.hhs.gov/arprm/Login.php).*

CHOOSE ONE:

- ☐ It has established written policies and procedures for addressing allegations of research misconduct, in compliance with 42 CFR Part 93. Please attach your institutional policies and procedures with this form.

OR

- ☐ It qualifies as a small institution and has attached a Small Institution Statement with this form. The Small Institution Statement form can also be downloaded from [ori.hhs.gov/small-institution-statement](http://ori.hhs.gov/small-institution-statement).

### SECTION IV. CERTIFICATION

I certify that the information provided in this form is complete and accurate to the best of my knowledge.

INSTITUTIONAL CERTIFYING OFFICIAL NAME		TITLE
SIGNATURE		DATE (mm/dd/yyyy)
TELEPHONE NUMBER (       )       -	EXT	EMAIL ADDRESS

#### STATEMENT OF BURDEN

Public reporting burden for this collection of information is estimated to average 10 minutes to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: [PRA@hhs.gov](mailto:PRA@hhs.gov) and to: Office of Management and Budget, Paperwork Reduction Project (0937-0198) Washington, D.C. 20502.  
*Please do not return this form to either of these addresses.*

#### RETURN THIS FORM TO:

Assurance Program  
Office of Research Integrity  
  
1101 Wootton Parkway, Suite 240  
Rockville, MD 20852  
Phone: (240) 453-8400  
E-Mail: [ORI\\_Assurance@hhs.gov](mailto:ORI_Assurance@hhs.gov)