Logo, company name

Description automatically generated

**APPLICATION FOR REVIEW OF HUMAN SUBJECTS RESEARCH**

**Questions and completed forms should be submitted to the   
ATU Institutional Review Board** [**irb@atu.edu**](mailto:irb@atu.edu)

**This form must be typed; handwritten applications will not be accepted.**

**Date:** 8/24/21

**Project Title**:

**Checklist for Application Submission**

**Application Form**

**Required Appendices**  
*All appendices should be labeled accordingly and attached as separate documents from the application*

**Appendix A: Consent Form(s)**

**Informed consent form**

**Parental Permission (assent) form** (if participants are under age 18)

**Appendix B: Recruitment**

**Script(s) used to verbally invite participants to participate in the study** and/or

**Copies of flyers, announcements, email text, or other written forms of recruitment**

**Appendix C: Instrument(s) [e.g., questionnaire, survey, testing, pictures/documents presented to participants, etc.]**

**Optional Appendices**

**Appendix D: CITI Training verification**

* **for PI**  **already on file with ATU IRB** OR  **attached**
* **for PI’s advisor** (if PI is a student)  **already on file with ATU IRB** OR  **attached**
* **for all co-PIs**  **already on file with ATU IRB** OR  **attached**

*Note: The Collaborative Institutional Training Initiative (CITI) is an online training module teaching research methods. Researchers must complete the CITI training course prior to beginning their project. Please print the confirmation page at the end of the training and include it with IRB application. The CITI training course can be found here:* [*www.citiprogram.org*](http://www.citiprogram.org)

**Appendix E: Letters of permission (if needed)**

**Appendix F: Grant proposal (if funded project**)

**APPLICATION FOR REVIEW OF HUMAN SUBJECTS RESEARCH**

submit electronically as a Word Document to [irb@atu.edu](mailto:irb@atu.edu)

**Project Title:**

**Suggested Level of Review**

I believe this research study fits the criteria for the following level of review:

[**Exempt**](https://www.ecfr.gov/cgi-bin/text-idx?SID=0f5f3401c94e34a1eedb16640519a096&mc=true&node=se45.1.46_1104&rgn=div8) **by category number:**

Go [here](https://www.ecfr.gov/cgi-bin/text-idx?SID=0f5f3401c94e34a1eedb16640519a096&mc=true&node=se45.1.46_1104&rgn=div8) to view descriptions of exempt research category numbers d-1 through d-8. You **must** fill in a category number above. *Note: Research can be approved as “exempt” if it is no more than “minimal risk” and fits one of the exempt review categories as defined by* [*federal regulation 45 CFR 46*](https://www.ecfr.gov/cgi-bin/text-idx?SID=0f5f3401c94e34a1eedb16640519a096&mc=true&node=se45.1.46_1104&rgn=div8)*. Studies that may qualify for “Exempt” must still be submitted to the IRB for review.*

**(d)(1)**

**(d)(2) which criteria are met?:**  **(i)**  **(ii)**  **(iii)**

**(d)(3)(i) which criteria are met?:**  **(A)**  **(B)**  **(C)(ii)**  **(C)(iii)**

**(d)(4) which criteria are met?:**  **(i)**  **(ii)**  **(iii)**  **(iv)**

**(d)(5)(i) or**  **(d)(5)(ii)**

**(d)(6) which criteria are met?:**  **(i)**  **(ii)**

**(d)(7)**

**(d)(8)(i-iii)**

[**Expedited**](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/categories-of-research-expedited-review-procedure-1998/index.html) **by category number:**

Go [here](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/categories-of-research-expedited-review-procedure-1998/index.html) to view descriptions of expedited research category numbers (1) through (9). You **must** fill in a category number above.

**1(a) or**  **1(b)**

**2(a) or**  **2(b)**

**3**  **4**  **5**  **6**  **7**

**8(a) or**  **8(b) or**  **8(c)**

**9**

**Full Board** Describe precise risks necessitating full review status:

**Section 1: Researcher Information**

Principal Investigator Information

*The Principal Investigator (PI) is responsible for the direction and conduct of the research activities during the project. The PI is also responsible for selecting and supervising project staff and all requirements necessary to maintain compliance with applicable institutional and/or sponsor/funder rules and regulations.*

**PI Name:**

**PI Email:**

**PI College:**       **PI Department:**

**PI Office Address:**

**PI Telephone:**

**If PI is a student:**

**Advisor Name:**

**Advisor Email:**

**Advisor College:**       **Advisor Department:**

**Advisor Office Address:**

**Advisor Telephone:**

Co-PI Information

*The Co-PI is a senior member of the research team whose role is similar to the PI; however, the Co-PI defers to the PI as the individual with ultimate responsibility for the conduct of the research project. The Co-PI is obligated to ensure the project is conducted in compliance with applicable institutional and/or sponsor/funder rules and regulations.*

**Co-PI 1 Name:**

**Co-PI 1 Email:**

**Co-PI 1 College:**       **Co-PI 1 Department:**

**Co-PI 1 Office Address:**

**Co-PI 1 Telephone:**

**Co-PI 2 Name:**

**Co-PI 2 Email:**

**Co-PI 2 College:**       **Co-PI 2 Department:**

**Co-PI 2 Office Address:**

**Co-PI 2 Telephone:**

*If there are more than two Co-PIs for this project, please fill out the Additional Co-PI Information Form on the ATU IRB website.*

Other Research Personnel

*Other research personnel are individuals who have a role on the research project (e.g., interacting with participants, assisting with data collection and/or analysis) but are not responsible for the research project as a whole. This could include people such as student Research Assistants or Graduate Assistants.*

**If your project has Other Research Personnel, please list these individuals either by name OR by position title. If there are none, leave this section blank.**

CITI Assurance:

**I, as the PI, understand that other research personnel must complete CITI training before they work on the project. I will ensure all other research personnel will complete this training before working on the project and will keep record of it.**

Conflict of Interest

**Do you [the PI] or any other responsible personnel (or the spouse and/or dependent children thereof) have financial interests related to this study?"**

No  Yes

**If yes, explain:**

**Do you [the PI], the Co-PI, or any other research personnel (or the spouse and/or dependent children thereof) have responsibilities as an employee or leader at the research site?**

No  Yes

**If yes, explain:**

**Section 2: Problem, Purpose, and Research Questions**

**2a. Briefly (100 words or less) describe the purpose of the proposed study.** *Include all research questions, hypotheses, and/or evaluation questions. Include a brief summary of related information from the published literature on this topic in a language understandable to someone who is not familiar with your area of study. Your response in this section will enable the reviewers to determine whether the project meets the criteria of research with human participants and also the extent to which the research may produce new generalizable knowledge that may benefit the participants and/or society.*

**2b. How will the results of this project be used? (check all that apply)**

Presentation  Publication

Thesis Dissertation

Other (please specify):

**Section 3: Participants, Sampling, and Recruitment Information**

**3a. Describe the target participants of this study.**

**3b. Within the population of potential participants, are there any criteria that would exclude someone from qualifying as a participant in your study?**

No  Yes

**If yes, explain:**

**3c. Are any of the participants in this study under 18 years of age?**

No  Yes

**If yes, describe how you will comply with** [**special regulations for having   
 children as participants in research studies**](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/children-research/index.html)**:**

**3d. Please check all descriptors that apply to the target sample for this study:**

*Note: Only check boxes for those you intend to purposefully include in the study. “Healthy Adults” covers general adult samples where other categories/demographics are not being specifically/purposefully studied.*

Healthy adults

Children under 18

Pregnant Women/Fetus

Prisoners/Felons

Institutionalized person(s)

Ward(s) of the State

LBGTQ person(s)

Native Americans

Older Adults (65+)

Economic Disadvantaged

Educational Disadvantages

Physical Disabilities

Employees and/or supervisors

Students in your class/school

Internet Methodologies

Live in a foreign country

Limited literacy

Undocumented  
 Gender-specific research

Race/ethnic minority-specific research

Person(s) with intellectual disabilities

Unable to read, speak, or understand English

Community Engaged and/or Participatory Research

Students in Elementary or Secondary Schools

Specific Health Conditions and/or End of Life

Other (please specify):

**3e. Please select all the tools you plan to use to recruit participants:**

Flyers  Notices/News Releases

Mailers  Online Advertisements

TV, Radio, or Print Advertisements  Social media

Email  Personal Contacts

Presentation at meeting  Snowball methods

Research management software (e.g., SONA)

Asked verbally/face-to-face by researcher

Asked verbally/face-to-face by designee (specify designee):

Other (please describe):

**3f. Describe, step-by step and in layman’s terms, the actual procedures to be used to recruit participants.** *Elaborate on any considerations needed for special populations. If participants will be contacted more than once, explain when follow up recruitment will happen (for example, two weeks after the first email). Include copies of scripts, flyers, advertisements, posters, or letters (including follow-up/reminders) to be used in Appendix B.*

**3g. Approximately how many subjects are expected to participate in this study?**

**3h. What is the expected duration of participation for each participant?** *This includes the actual length of time they will be observed/tested/questioned. For example, “it will take 30 minutes to fill out consent form and the questionnaire.” If there is more than one session/data collection period, please specify the duration of each session; for example, “it will take 30 minutes for pre-test and 30 minutes for post-test and the two tests will occur 8 weeks apart”.*

**3i. Describe any follow-up recruiting procedures planned**. *For example, if you intend to contact participants after an intervention/at a future date (e.g., posttests).*

**Section 4: Data Collection Procedures**

**4a. Will any existing data sets be accessed for information for this study?**

No  Yes

**If yes, describe the existing data set, how it will be accessed by the researcher, and what   
 identifiable information will be included in the data set.**

**4b. Which of the following will data collection involve? (check all that apply):**

*Attach permission letters and/or letters of support in Appendix E of this application if needed.*

Educational tests (cognitive, diagnostic, aptitude)  Psychological tests

Biological Specimen(s)  Use of Social Networking sites

Photographs and/or Artifacts  Anthropomorphic measures

Interview Procedures--in person  Interview Procedures—phone/online

Focus group Procedures—in person  Focus group Procedures—phone/online

Survey(s)/Questionnaire(s)—paper  Survey(s)/Questionnaire(s)—phone/online

Observation—participatory  Observation—non-participatory

Audio recording  Video recording

Self Health Monitoring  Electronic devices

Food consumption procedures  Educational records/materials

Research in/with P-12 schools/students

Experimental presentation software (e.g., Python, E-Prime, Psychopy, etc)

Community Engaged or Community-Based Participatory Research Procedures

Other (please specify):

**4c. Provide a detailed descriptions of data collection methods, procedures, interventions, or manipulations of human subjects or their environments.** *Include copies of any questionnaires, tests, written instruments, instructions, scripts, etc.**in Appendix C**. If you are using an electronic device to collect data, describe how the electronic device works. Please note in this instance an electronic device is not survey software such QuestionPro.*

**4d. Describe the location where the research will take place (e.g., online, physical location, etc.).** *Attach permission letters and/or letters of support with your application if needed.*

**4e. Describe the calendar time frame for gathering the data using human subjects?** *This should include approximate dates of data collection.*

**4f. Will any** [**incentives**](https://www.hhs.gov/ohrp/sachrp-committee/recommendations/attachment-a-september-30-2019/index.html) **be offered to the participants for their participation?**

No  Yes

**If yes, please explain:**

*NOTE: If course credit or extra credit is offered, describe the alternative means for obtaining credit available to those students who do not wish to participate in the research project (whether the alternative is offered by the researcher or instructor of the course).*

**Section 5: Risks and Benefits**

**5a. From the list below, please select all of the potential risks that are involved in this proposed study:**

Social or economic risks (e.g., reputation, employability, cultural, etc.)

Breach of privacy of subject or subject’s family members

Injury or bodily harm

Identification of illegal activity

Identification of child, spousal, or elder abuse

Presentation of materials which some subjects may consider sensitive, offensive, threatening, or degrading

Probing for personal or sensitive information in surveys or interviews (e.g., private behaviors, employer assessments, etc.)

Manipulation of psychological or social state such as sensory deprivation, social isolation, or psychological stress

Use of private records (such as educational or medical records)

Use of deceptive techniques (this includes incomplete disclosure)

Other risks (please specify):

For participants in this study, there are no risks of any kind that are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations/tests.

**5b. Describe the nature and degree of risk or harm selected above**. *All risks/harms must be disclosed in the consent form Appendix A. If using deception, please justify its use and describe how participants will be debriefed afterwards.*

**5c. Describe the steps that will be taken to minimize risks and/or harms and to protect the welfare of the subjects**. *Include a description of how you will handle an adverse or unexpected outcome (for example, referral to counseling services). If the study includes protected populations, identify each group and provide an explanation for how risks/harms will be minimized and handled for each group.*

**5d. Will medical clearance be necessary for subjects to participate because of blood or tissue sampling, administration of substances (such as food or drugs), or physical exercise conditioning?**

No  Yes

**If yes, explain how clearance will be obtained:**

**5e. What are the costs to participants?** *This can include money, time (such as time to fill out questionnaires). etc.)? You should also consider the “cost” of participation in the study such as transportation, time off work, etc.*

**5f. Describe the benefits that individuals may reasonably expect from participating. If there are none, please state “none.”**

**5g. Describe the anticipated benefit of this study to society, academic knowledge, or both.**

**Section 6: Privacy and Confidentiality**

**6a. Data in this study will be collected:**

Anonymously with no direct or indirect coding, link, or awareness of who participated in the study (including no collection of IP addresses for electronic methods)

Confidentially, but with a link of subject’s data to any identifying information (collected as confidential but recorded and analyzed as anonymous)

Confidentially with collection and protection of linkages to identifiable information

**6b. Will you or any member of your research team collect or have access to any of the following personal identifiers? (select all that apply)**

Name  Date of birth

Mailing or email address  Phone or fax numbers

Social Security number  Student ID

License, certificate, or other IDs  IP address

Signatures or handwriting samples  Biometric identifiers

Photos/Images  Audio or video recording

Other (please specify):

No member of the research team will have access to any personal identifiers

**6c. Describe why each identifier you are collecting is necessary/required for this study.**

**6d. Describe how and where the data/personally identifying information will be stored and secured, including the types of devices used to store the information.**

**6e. Who will have access to the identifiers?** *Identify people by name or position title and specify their relationship to the research. Describe how you will ensure that non-authorized personnel do not have access to the identifier data.*

**6f. What will be done with the identifiers and/or any master keys/lists that link names to subject numbers after the study is completed? How will identifiers be removed? When is the latest date that identifying information or links will be retained?**

**6g. Describe the steps you are taking to protect the confidentiality of the participants and how you are going to advise participants of these protections in the consent process?**

Note: For focus groups, confidentiality may not be maintained because other participants are in the focus group itself. If your study includes focus groups, we recommend using the following language in the consent form (Appendix A) **and** in the verbal directions given during the focus group itself: *The researcher(s) will keep your participation in this research study confidential to the extent permitted by law. However, it is possible that other people may become aware of your participation in this study. For example, since one of the elements of this study is a focus group, other people in the focus group will be aware of what is shared in the group. Each individual in the focus group is asked not to share the discussions of the group outside of the group, but the researcher(s) cannot guarantee confidentiality in that setting.*

**6h. What confidentiality or security measures/precautions will be used to protect (or not collect) identifiable data? Include protections used during the collection, transfer, and storage of data.**

**6i. Where will data be stored and secured?**

**6j. How long do you intend to keep raw data and how will it be destroyed after that time period?** *Note: Federal regulations require raw data (and any coding/identifier key sheets) to be kept for at least three years. Typically raw data is shredded or erased within five years, particularly if identifiers are attached. Anonymous data can be kept forever.*

**6k. Will participation in this study be made part of any record available to a participant’s supervisor, teacher, or employer?**

No  Yes

**If yes, please describe:**

**6l. Will tissue samples or specimens be collected?**

No  Yes

**If yes, when will they be destroyed?**

**Will they be used for research other than what is described in the consent?**

**Section 7: Consent Procedures**

**7a. Describe, step-by-step, the procedures to be used to obtain the** [**consent/assent**](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html) **of participants.** *Include the context, how, when, and how often (for multiple phase studies) consent will be sought and who will be responsible for seeking consent. If there are any possible communication barriers involved (e.g., non-English speaking participants; physically disabled, blind, or hearing impaired participants; participants with cognitive impairments or delays), explain in detail how these will be addressed. Provide copies of all consent documents (and parental permission (assent) documents if needed) in Appendix A.*

**7b. Are you requesting a** [**waiver of documentation of consent**](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html) **(i.e., no signature on the consent/assent forms)?** *If you are conducting an online survey or an anonymous survey (online or in paper form), check yes here.*

No  Yes

**If yes, what is the justification for the waiver?**

The only record linking the participant and the research would be the   
consent document and the principal risk would be potential harm resulting from a breach of confidentiality.

The research presents no more than minimal risk of harm to participants and involves no procedures for which written consent is normally required outside of the research context.

Other—please specify *(for example, the study is mixed methods and one   
 part is online and one part is in person)*

**7c. Are you requesting to waive:**

1. **some elements of consent/assent or parental permission**   
    No  Yes

OR

1. **the entire consent/assent or parental permission (assent) process?**   
    No  Yes

**If yes to either or both, provide how will you make sure that ALL of the   
 following criteria are met:**

1. **The research involves no more than minimal risk to the subjects**

1. **The waiver or alteration will not adversely affect the rights and welfare of the subjects**

1. **The research could not practicably be carried out without the waiver or alteration**

1. **Whenever appropriate, the subjects will be provided with additional pertinent information after participation.**

**7d. How will you make it clear to the participants that their participation is voluntary and they may withdraw from the study at anytime they wish without penalty?** *Typically, this is stated in the consent (Appendix A), however, there may be situations where it is explained more than once. Cut and paste the relevant statement here.*