Cloud County Community College

For IRB Use Only

Date approved _____ Approved by _____

Protocol No. _____ Full Review _____ Expedited Review _____ Exempted Review _____

APPLICATION FOR APPROVAL TO USE HUMAN SUBJECTS

This application should be submitted, along with the Informed Consent Document and supplemental material, to the Institutional Review Board for Treatment of Human Subjects.

Before approval can be given for the use of human subjects, applicants (faculty and/or students) must complete the training course by PHRP "Human Subjects Research", and complete and pass the Quiz. Attach a copy of your Certificate of Completion.
http://phrptraining.com/#!/

1. Name of Principal Investigator(s) and collaborators (Individual(s) administering the procedures):

2. Departmental Affiliation: _____

3. Person to whom notification should be sent: _____
   Mailing Address: _____

   Telephone: _____ Email address: _____

4. Title of Project:

5. Funding Agency (if applicable):

6. This is a _____class project _____ research study

7. Time period for which you are requesting approval (maximum one year): from _____ to _____. *If the research project extends past the end date requested, you will need to submit a request for a time extension or an annual update.*

8. Project Purpose *(please be specific)*:

9. Describe the proposed subjects: (*age, sex, race, expected number of participants, or other special characteristics, such as students in a specific class, etc.*)

10. Describe how the subjects are to be selected. *If you are using archival information, you must submit documentation of authorization from applicable organization or entity.*

11. Describe **in detail** the proposed procedures and benefit(s) of the project. This must be clear and detailed enough so that the IRB can assure that the College policy relative to research with human subjects is appropriately implemented. Any proposed experimental activities that are included in evaluation, research, development, demonstration, instruction, study, treatments, debriefing, questionnaires, and similar projects must be described here. **Copies of ALL questionnaires, survey instruments, or tests should be attached.** (*Use additional page if necessary.*)

12. Do the benefits of the research outweigh the risks to human subjects?
_____ Yes _____ No (*If no, this information should be outlined here.*)

13. Are there any possible emergencies which might arise in utilization of human subjects in this project?
_____ Yes _____ No (*If yes, details of these emergencies should be provided here.*)

14. What provisions will you take for keeping research data private/secure? (*Be specific.)*

15. **Attach a copy of the informed consent document, as it will be used for your subjects.**

INVESTIGATOR'S ASSURANCE: I certify that the information provided in this request is complete and accurate. I understand that as Principal Investigator I have ultimate responsibility for the protection of the rights and welfare of human subjects and the ethical conduct of this research protocol. I agree to comply with all of the policies and procedures of Cloud County Community College, as well as with all applicable federal, state, and local laws regarding the protection of human subjects in research, including, but not limited to, the following:

- The project will be performed by qualified personnel according to the research protocol,
- I will maintain a copy of all questionnaires, survey instruments, interview questions, data collection instruments, and information sheets for human subjects,
- I will promptly request approval from Cloud County Community College's IRB if any changes are made to the research protocol,
- I will report any adverse events that occur during the course of conducting the research to the IRB within 5 working days of the date of occurrence.

_____ _____

Signature of Principal Investigator Date

FACULTY ADVISOR'S/INSTRUCTOR'S ASSURANCE: By my signature on this research application, I certify that the student investigator is knowledgeable about the regulations and policies governing research with human subjects and has sufficient training and experience to conduct this particular study in accord with the approved protocol. In addition,

- I agree to meet with the student investigator on a regular basis to monitor study progress,
- Should problems arise during the course of this study, I agree to be available, personally, to supervise the principal investigator in solving them,
- I understand that as the faculty advisor/instructor on this project, I will be responsible for the performance of this research project.

_____ _____

Faculty advisor/instructor on project (if applicable) Date