NOBTS Institutional Review Board Human Research Application

Name
Phone Number
Preferred E-mail Address
Major Area of Study
Context for Research (dissertation, seminar paper, paper, other)
When do you plan to begin the study?
When do you plan to have completed the study?
If student, name of advisor
Investigator Signature and Certification In submitting this proposal, I hereby state my adherence to the research ethics found in the APA Ethical Standards for conducting research. This includes adhering to the APA standards for confidentiality of the participants, deception, minimal risk to the participants, informed consent, vulnerable populations, and debriefing.
Signature
Date

Faculty Supervisor Review (if researcher is a student) My signature verifies that (1) I will supervise this student's research project, and (2) the research complies with the institution's policies regarding protection of human subjects.
Signature

Date

Part 1: Population

Part 2: Data Collection

How will the data be collected? (Check all that apply. E-mail descriptions and supporting material to redocsec@nobts.edu.)
Questionnaires/surveys (submit a copy) Interviews (submit questions) Observation (describe) Standardized tests (list names of tests AND submit a copy of the test) Experiments (describe) Audio/visual (describe)
Describe the approximate amount of time participants will spend in each activity.
Where will the activities take place?
How will the data be recorded?
Who will have access to the gathered data?

How will confidentiality be preserved during the study, after the study, and in reporting the results?
What are the plans for the data after the completion of the study? If the data are to be destroyed, what method will be used?
What is your problem statement?
Briefly describe your methodology. (E-mail a copy of your methodology section of your prospectus with your IRB request form.)

Part 3: Benefits and Risks

What are the potential benefits to humanity?	

What are the	potential b	enefits to	the	participants.	including	compensation,	if a	nv?
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What risks might the participants encounter?

	N/A	Minimal	More than minimal	Undetermined
Physical				
Psychological (emotional, behavioral, etc., including anxiety)				
Sociological (employability, financial, reputation, etc.)				
Loss of confidentiality				
Criminal or civil liability				
Deception				
Other (explain)				

Other:
Describe all risks identified in the chart above.
What safeguards will you use to eliminate or minimize these risks?
If participants experience adverse reactions, how will they be managed?
What are the costs, if any, to the subjects (money, time, etc.)?

Part 4: Informed Consent How and by whom will the study be explained to the participants? E-mail a copy of the informed consent form(s) you will use in this study to redocsec@nobts.edu. If deception will be used, explain in depth the justification. Any changes in the project after approval by the IRB must be resubmitted for review by the IRB before approval is granted. Approval is granted for a maximum of two years and may be subject to review at any time during the period. The IRB must approve the research project BEFORE the researcher makes any contact with subjects. Institutional Review Board Final Review Meeting Date Action Taken: Approved Disapproved Signature of Associate Dean, Research Doctoral Programs

Date of Approval