



**INSTITUTIONAL REVIEW BOARD
FOR THE PROTECTION OF HUMAN SUBJECTS**

MOVE YOUR CURSOR OVER THE FIELDS BELOW, THEN CLICK OR TAP TO ENTER TEXT IN THE HIGHLIGHTED AREA.

| | | |
|---|--------------------------------|------------------------------|
| PROJECT TITLE: | ANTICIPATED START DATE: | ANTICIPATED END DATE: |
| PRINCIPAL INVESTIGATOR: | TELEPHONE: | E-MAIL: |
| PRINCIPAL INVESTIGATOR DESIGNATION: <input type="checkbox"/> FACULTY <input type="checkbox"/> UNDERGRADUATE STUDENT <input type="checkbox"/> GRADUATE STUDENT | | |
| CO-INVESTIGATOR(S): | TELEPHONE: | E-MAIL: |
| DEPARTMENT: | | |

DETERMINATION OF RISK/REVIEW STATUS

PROTECTED POPULATIONS AND OTHER FULL BOARD DETERMINANTS

- Minors Illegal Behavior Sensitive Content Cognitively Impaired/Mentally Ill
 Pregnant Women Prisoners Fetuses Veterans/Military Personnel

- FULL BOARD REVIEW** **EXPEDITED REVIEW** **EXEMPT**

PRINCIPAL INVESTIGATOR CERTIFICATION

I certify that this research conforms to campus and federal regulations, policies, and procedures; is theoretically justified by sound research design; will adhere to ethical principles of research; and is compatible with the goals and/or objectives of my department/unit and college/division.

Electronic Signature:

Co-Investigator(s) Certification (If Applicable):

I certify that I am familiar with campus policies and procedures related to the protection of human subjects and will uphold high ethical principles in all research using human subjects.

Electronic Signature:

Date:

Describe project goal(s):

Describe project participants and how you plan to recruit participants:

Does your project pose any known risk to participants? If so, please describe:

Does your project involve deception? If so, please describe:

Project Procedures:

- Please describe procedures for obtaining informed consent from participants (Note: At the end of this document please attach the specific informed consent document your participants will view and/or sign).
- Please describe specific procedures you plan to use in your project (i.e. Describe what participants will experience).

Please describe how you will safeguard the identity of participants:

Please note any additional information:

Use the space at the end of this document to provide the following attachments. These attachments must be complete to receive IRB approval.

- **Informed consent document**
- **Demographic questions**
- **All information participants will read, hear, or view during the study.**
 - **All instruments used in the study should be attached for IRB review.**
- **Description of participant debriefing procedures**

Human Subjects - Institutional Review Board Action

THIS SECTION FOR IRB USE ONLY

PLEASE SAVE THE COMPLETED DOCUMENT IN PDF FORMAT AND EMAIL IT TO THE PRINCIPAL INVESTIGATOR AND THE VPAA OFFICE: RDODSON@STERLING.EDU. FORMS WILL BE KEPT ON FILE IN THE VPAA OFFICE.

| | |
|---|--|
| Request Denied <input type="checkbox"/> | Reason request was denied |
| More Information Required <input type="checkbox"/> | Description of additional information |
| Request Approved <input type="checkbox"/> | |
| Reviewer's Electronic Signature: | Date: |

Please use the space below to provide the attachments requested above.