BLINN COLLEGE

IRB USE ONLY

Received	
IRB File Number	
Reviewer	
IRB Decision	

Institutional Review Board Research Application Form

Note: IRB approval may be granted only for human participants research conducted by Blinn College faculty, staff, students (on or off-campus), and eligible external applicants.

E-mail completed form along with any attachments to IRB@blinn.edu.

Check One: ◯ New ◯ Continuing ◯ Modification

Project Title: _____

Principal Investigator: _____
(may not be an undergraduate student at Blinn College)

Investigator connection to Blinn College (if any): _____

Investigator E-Mail Address: _____

Investigator Phone Number: _____

Project Type: check one

◯ Faculty Research ◯ Student Research (under faculty direction)

◯ Student class project (under faculty direction)

◯ Federal grant ◯ Non-federal grant

◯ Thesis or dissertation

Other _____

Institution Conducting Study: _____

Faculty Sponsor (if outside institution): _____

Proposed Start Date: _____

Duration of Study (months): _____

Research Locations: _____

	Name:	**E-Mail**	**Primary Phone**
Co-Investigator(s):	_____	_____	_____
Co-Investigator(s):	_____	_____	_____
Student Investigator(s):	_____	_____	_____
Student Investigator(s):	_____	_____	_____
Other:	_____	_____	_____

Project Description: Check yes or no

1. Are any participants under 18 years of age?..... Yes ◯ No ◯

2. Does this project or study involve collection of data that identifies individuals (e.g., cohort databases include SSN# data on individuals, surveys, or interviews identifiable by name or student number etc.)? ..... Yes ◯ No ◯

3. Will data identifiable by individual be shared with anyone (such as in a performance report for a funding source, conference presentations, published articles and reports, etc.)? ..... Yes ◯ No ◯

4. Are the participants being offered one or more of the incentives to participate (such as money, extra credit for the class, etc.)? If yes, list the incentive(s) here. ..... Yes ◯ No ◯

5. Is participation in this project or study voluntary for the individuals participating in the program or study? ..... Yes ◯ No ◯

6. Will participants be videotaped during the project or study? ..... Yes ◯ No ◯

7. Will participants be fully informed about the benefits and any risks? ..... Yes ◯ No ◯

8. Will participants' privacy and personal information be protected? ..... Yes ◯ No ◯

9. Will participants be debriefed following completion of the project or study? ..... Yes ◯ No ◯

10. Will participants, prior to the project, indicate informed consent to participate by completing and signing a written form? Are data sources clearly identified (such as interviews, survey, existing project data such as services received, reports, grades, existing school records, focus group, etc.)? ..... Yes ◯ No ◯

Please answer all questions below.
(There is no character limit – field will expand as you type.)

1. State the overall objectives and specific aims of the research.

2. Who are the participants and how will they be recruited?

3. Describe the procedures to be used for data collection and whether data collection will be confidential, private or anonymous. Describe who will have access to the records and what will happen to data after completion of study.

4. What risks are faced by participants participating in this research, e.g., injury, pain, emotional distress, or invasion of privacy? What measures will be taken to minimize these risks?

5. Will there be any costs to be borne by participants by virtue of their participation in this research?

6. Will there be any compensation or reimbursement to participants in this research (i.e. monetary payments, course credit, services etc.)?

7. What are the likely benefits of this research to the participants as well as to public knowledge?

8. How will information be disseminated at the close of the study (i.e. dissertation, presentation, publication). If information is for classroom or institutional use, please describe.

9. Describe the procedures you will use to maintain the confidentiality of any personally identifiable data (including any videotapes and/or audiotapes of the participants).

ATTACHMENTS:

Please attach all documents that apply to your proposal.

- Informed Consent Form (first page on letterhead of organization sponsoring study)
- Surveys, questionnaires, or other data gathering forms
- Any disclosures explaining risks or procedures
- Financial Conflict Form
- Letters of approval from cooperating entities
- Any approvals or documentation from external IRBs
- Letters, flyers, questionnaires distributed to participants or posted to recruit
- Principal Investigators are **required** to submit a Human Subject Protection Training certificate with their application. NIH offers a 1-2 hour online training course, which can be found at http://phrp.nihtraining.com/users/login.php. Please attach your certificate here. Applications without training certificates will not be reviewed until the training is complete. Training from NIH must be renewed every year, so please be sure your certificate is up-to-date.

INSTRUCTIONS FOR SUBMITTING:

1. Please fill out all required areas of this form
2. Save the form as a pdf to your computer as: IRB-*Last Name-First Name*
3. Send the completed form and any additional attachments to: IRB@blinn.edu

SUBMIT

Do not write below this Section.

This section intended for IRB Representative Use ONLY.

IRB

IRB Process
- ◯ Exempt
- ◯ Expedited Review
- ◯ Full Review

IRB Decision
- ◯ Approved
- ◯ Not Approved
- ◯ Conditionally Approved (see attached)

Comments: (attach additional sheets as necessary)

_____ _____

IRB Chair or Representative Date

By filling in my name and the date I assert that I have reviewed the above document and made an official recommendation on behalf of the Blinn College-Institutional Review Board.