3357:13-12-101a

NCSC INSTITUTIONAL REVIEW BOARD IRB# _____

Application for Approval to Use Human Subjects in Research

Review Date _____

Name _____ Telephone _____

Email address _____

Department _____ Faculty/Title _____

Project Title _____

Type of Project:
_____ Faculty Research
_____ Class Project
_____ Staff Research
_____ Externally Funded; Agency _____
_____ Student (Honors College research)
_____ Thesis; _____ Dissertation; _____ Other

Duration of Project: Starting Date _____

End Date _____

I certify that the research procedures for this project, and the method of obtaining consent (if any), as approved by the Institutional Review Board, will be followed during the period covered by this research project. Any future changes will be submitted for Board review and approval prior to implementation.

_____ _____

Principle Investigator Date Dean/Director Date

PART I: Please answer the following by circling the correct response:

Y	N	1.	Will subject be identifiable to anyone other than the researchers through records, responses or identifiers linked to the subject?
Y	N	2.	Could subjects be at risk of criminal or civil liability, damage to employability or to financial standing, or undue embarrassment, if responses became known outside this research project?
Y	N	3.	Does research deal with sensitive aspects of subjects' behavior, such as illegal conduct, drug use, sexual behavior, or use of alcohol?
Y	N	4.	Does research involve the collection or study of existing data from sources not publicly available? (existing data can be documents, records, pathological specimens or diagnostic specimens)
Y	N	5.	Will subjects be video/audio taped?
Y	N	6.	Are subjects free to withdraw at any time and have you explained this to them?
Y	N	7.	Is there deception of subjects?

PART II: Summarize proposed project and procedures to which humans will be subjected. Consent form(s), questionnaire(s), etc. should be included with the application.

PART III: Please answer all of the following items. If not applicable to your project, write "None" or "NA", as appropriate. If more space is needed, use additional paper.

1. How will the subjects be selected? (Please note the college will not allow the inclusion of the following groups of vulnerable classes of subjects such as pregnant women, minors, institutionalized mentally disabled, inmates, or those whose ability to give voluntary informed consent may be in question).

2. Briefly describe the characteristics of your population(s): the size of your sample, the ethnic background, sex, age, state of health and the criteria for inclusion or exclusion of subjects.

3. Identify any risks - physical, psychological, and/or social to which your subjects may be exposed as a result of participation in your project (beyond the risks normally encountered in everyday life). What safeguards will you use to protect the subjects from these risks, as well as to protect their rights, welfare and privacy?

4. How will the subjects be informed of the risks to which they will be subjected?

5. Describe how "Informed Consent" will be obtained? (Append form(s) to be used if required after IRB Review)

6. How may this research benefit the participants or contribute to the advancement of knowledge? (This must include any direct benefits to the subjects as well as any general gain in knowledge).

7. In which North Central State College faculty or departmental office will the signed consent forms be kept if required by the IRB after the review? (Consent forms must be kept on campus, not in a private home or office. If the study does not involve consent forms, answer "NA." Please forward copies of the completed informed consent forms to the office of Academic Services.

8. If deception is involved, describe its nature, why it is necessary, and how subjects will be debriefed. Include any feedback, educational or otherwise, which subjects will receive.

9. What do you intend to do with the data collected? (e.g., publish data, present paper, erase digital recordings, etc.)

10 a. If the subjects' personal files (school, medical, etc.) will be read, where are the files kept and who will gather the information?

b. Has permission been obtained to gather this information? (Attach documentation)

c. Do the subjects know that these files will be read? If no, explain.

11. Will test results be disseminated to the subjects?

12. Survey questions must be submitted at the same time as this application.

Effective: Updated June 15, 2021