



IMPORTANT: Please use Internet Explorer to complete this form; OR, if using another web browser, save the blank form to your documents FIRST, then complete the form using your saved copy.

Date

Institutional Review Board Application for Determination of Exemption

Note: Interviews and surveys with children are NEVER exempt.

1. Title of Study

Investigators: List **principal** investigator (P.I. first) and all sub-investigators. Five additional names can be added to the end of this document. If more space is needed, make copies of the last page before completing it and submit the sheet(s) with the signature page per instructions later in this document. **CITI or NIH training must be completed by all investigators, sub-investigators, and other key personnel before submission of application.**

2. Name (P.I.)

Dept./University

Home Address

E-mail

Phone Number

I certify that I have completed NIH or CITI training. Please provide copy of certificate of completion.

Name

Dept./University

Home address

E-mail

Phone Number

Name

Dept./University

Home address

E-mail

Phone Number

If more names need to be added, see last page. If necessary, print the last page and use for additional names. Mail the hard copy with the signature page as directed later in this document.

3. RESEARCH PERIOD: NO RESEARCH ACTIVITY MAY BE CONDUCTED UNTIL FORMAL IRB APPROVAL. THIS INCLUDES ADVERTISING, SUBJECT RECRUITMENT, DATA COLLECTION, ETC.

Projected start date

Projected end date

4. Reason for conducting research:

- Professional Dissertation Thesis Class assignment Capstone Project

Other

Specify:

5. Sources of funding

6. This research involves (check all that apply):

- Collection or study of existing data, documents, records or specimens
- Normal educational practices conducted in established or commonly accepted educational settings
- Educational tests (cognitive, diagnostic, aptitude, achievement)
- Observation of public behavior
- Survey interviews
Method: mail telephone person-to-person
- Any possibility of identifying a subject (discuss in cover letter)
- The possibility that the subject's responses or conduct (if they became public) may place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability
- Sensitive aspects of personal behavior (for example: illegal conduct, drug use, sexual behavior or use of alcohol)
- Investigator's participation in activities being observed
- Only surveys or interviews of elected or appointed public officials or candidates for public office
- Audiotaping
- Children under age 18 (see Chapter 2 of the Waynesburg University guidelines)
- Research is conducted by or subject to approval by a governmental agency
- Taste and food evaluation or consumer acceptance
- Web-based or electronic and/or other

Explain

NOTE: INTERVIEWS AND SURVEYS WITH CHILDREN ARE NEVER EXEMPT.

7. Please provide an abstract (a brief summary of the purpose and procedures), written in language that can be understood by the non-specialist.

8. Goal of research

9. Provide a detailed summary of your proposed project, including a) consenting process, b) a **detailed explanation of confidentiality or anonymity, and c) all other procedural elements. Be sure to include a detailed explanation of data collection procedures.**

Anonymous

Confidential

10. Describe and explain any risks, discomforts, and benefits to the subjects, the scientific community, and/or the local community. If no known risks, state same.

11. Estimate number of subjects you plan to enroll

12. Smallest number of subjects from whom you plan to collect data at one time

13. Explain how records will be kept . Describe how paper, electronic, and/or media files will be stored and secured during the study and how they will be disposed at the end of the study.

14. Provide comments on applicable HIPAA elements if patient records/data will be assessed.

15. Do you have any evaluation responsibilities over any of your subjects?

- No
- Yes

If yes, please describe

16. Attached (via e-mail) are:

- Script that introduces/explains your project
- the questionnaire/survey to be used (If you are using a questionnaire or survey that was developed by someone else, please provide evidence stating you have their permission to use the instrument).
- telephone text (including introductory remarks as in a cover letter--see below)
- cover letter

A cover letter addressed to respondents must accompany any survey or questionnaire. The cover letter must be on your departmental letterhead and must include the following:

- a. a statement that the project is research being conducted in partial fulfillment of the requirements of a course, master's thesis, dissertation, etc.,
- b. purpose of study
- c. a statement that subjects' responses will be kept anonymous or confidential (explain extent of confidentiality if subjects' names are requested),
- d. if audiotaping: a statement that subject is being audiotaped (explain how tapes will be stored or disposed of during and after the study),
- e. a statement that subjects are not required to answer every question,
- f. a statement that class standing or grades (or status on an athletic team, if applicable) will not be affected by refusal to participate or by withdrawal from the study,
- g. a statement that participation is voluntary

- permission from external institution (on their letterhead), if applicable

17. Signatures

My signature below indicates: 1) that I am submitting this protocol as the principal investigator and 2) that I have read and had the opportunity to have any questions answered regarding the contents of the Waynesburg University IRB guidelines.

- I certify that all sub-investigators have completed NIH or CITI training. Please provide copy of certificate of completion for each.

Principal Investigator's name

Date

Principal Investigator's signature -- blue ink only

Title of study

We have reviewed the above information and recommend this study for exemption.

Faculty Advisor

Date

Faculty Advisor (if applicable) signature -- blue ink only

Department Chair/Program Director

Date

Department Chair/Program Director signature -- blue ink only

18. A printed copy of the original signature page (and any additional lists of sub-investigators that do not fit on this form) must be mailed to Barbara Kirby at 51 W. College St., Waynesburg, PA 15370. If no additional sub-investigators to list on the next page, you can print this form using the button below. (If you have additional names to add, there is another print button at the end of the next page). Then, save and send this form as an e-mail attachment to bkirby@waynesburg.edu. REMEMBER to **mail** the original signature page and any attachments. Your IRB application will remain inactive until original copy of signature page and any applicable attachments are received.

19. Extra page to list additional sub-investigators:

Name

Dept./University

Address

E-mail Phone

I certify that all additional sub-investigators have completed NIH or CITI training. Please provide a copy of certificate of completion for each.

Principal Investigator's name Date

Title of study