

Appendix A

Springfield College's IRB Forms

SPRINGFIELD COLLEGE INSTITUTIONAL REVIEW BOARD (SCIRB) APPLICATION TO CONDUCT A STUDY USING HUMAN SUBJECTS

PRINCIPAL INVESTIGATOR (PI): _____
Print name

RESEARCH PROJECT TITLE: _____

POSITION:

- ☐ STUDENT
- ☐ FACULTY
- ☐ STAFF
- ☐ ADMINISTRATOR

DEPARTMENT: _____

PCS CAMPUS: _____

TELEPHONE: _ (____) _____

SPRINGFIELD COLLEGE EMAIL ADDRESS: _____@springfieldcollege.edu

FACULTY SUPERVISOR: _____ EXT: _____

Print name

DEPARTMENT CHAIR: _____ EXT: _____

Print name

CAMPUS DIRECTOR (if applicable): _____

Print name

CO-INVESTIGATORS (Print names):

	Name	Position	Email
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

PROJECT DESCRIPTION (elaborate in detail in the attached proposal regarding research methodology and procedures):

1. Expected Beginning Date of Project_____
2. Expected Completion Date of Project_____
3. Funding Agency (where applicable)_____
4. Funding Status_____

Nature of Project: Thesis:____Dissertation: _____

Undergraduate Project:____Graduate Project: _____

Research Project: _____

5. Identify the risk classification of the study

- No known or minimal risk _____
Faculty supervisor's initials
- More than minimal risk _____
Faculty supervisor's initials

6. Is there any conflict of interest on the part of any personnel involved in the study?

- Yes (provide disclosure of conflict of interest in writing, attached to this form.)
- No

PARTICIPANT DESCRIPTION:

Please include a detailed description of your anticipated recruitment pool in the research proposal that is attached to this application for review.

Special population:

- Children (under 18)
 - Elderly
 - Persons with disabilities (please explain)_____
 - Persons with health problems (please explain)_____
 - Other (please describe)_____
- _____

TYPE OF REVIEW REQUESTED:

Note: all studies using human subjects must be submitted to the IRB, regardless of the review category requested

- Exempt
- Expedited
- Full committee review

AFFIRMATION STATEMENT:

- I will follow the procedures in the methods section of my research proposal and the informed consent during the data collection phase of my study
- I will make every effort possible to protect the safety, dignity, well-being, privacy rights of the participants who volunteer for my study
- I will obtain informed consent from each participant for all non-exempt research
- I will not begin data collection until my study has been approved by the Springfield College IRB and other appropriate IRBs
- I will report any changes of procedures of the approved study to the IRB (form is available on-line)
- I will report any adverse events to the IRB (form is available on-line)
- I understand the protocol used to collect data and the ethical policies concerning research using human subjects

I CERTIFY THAT I UNDERSTAND MY RESPONSIBILITIES AS THE PI AND I WILL FOLLOW THE POLICIES OF SPRINGFIELD COLLEGE REGARDING RESEARCH WITH HUMAN SUBJECTS

Principal Investigator's signature

Date

I HAVE READ THE ENCLOSED RESEARCH PROPOSAL AND UNDERSTAND MY RESPONSIBILITIES AS SUPERVISOR OF THE PROJECT

Faculty Supervisor's signature

Date

I HAVE READ THE ENCLOSED RESEARCH PROPOSAL AND AGREE THAT THE PROPOSAL IS APPROPRIATE FOR SUBMISSION TO THE IRB

Department Chair's/Campus Director's signature

Date

INTERNAL USE ONLY

INSTITUTIONAL REVIEW BOARD:

INITIAL REVIEW: EXPEDITED____ **Full Committee**____

ACTION: Approved____ **Not Approved**____ **Date**____

Conditional approval:

Follow up review _____ Date _____

_____ Date _____ Committee chairperson's
signature

Notification of approval sent to _____ Date _____

This application must be accompanied by documents, which include: the method section of the research proposal that specifies procedures relative to testing of participants, the informed consent statement, testing instruments, interview protocol, letters of permission as appropriate, and other appendices beyond Appendices A and B (thesis/dissertation format at Springfield College).