

INSTRUCTIONS FOR COMPLETING THE IRB APPLICATION:

1. Complete form and obtain all signatures.
2. Include consent form or cover letter.
 - If you are conducting a brief survey or an interview (e.g., 10-15 items of an innocuous nature), model your informed consent after the *short version*.
 - If you are conducting a full-scale study (e.g., lengthy questionnaire, experimental manipulation, etc.), please model your informed consent after the *long version*.

**Note: Long consent form/cover letter needs to be on La Sierra University letterhead.*

3. Include copies of questionnaires or testing materials.
4. Take completed application to the IRB Chairperson, *Amb's Hall – Psychology #105*.
5. If you have any questions, please contact *Leslie Martin* at (951) 785-2454 or email her at: lmartin@lasierra.edu.

**NOTE: Incomplete applications will be returned un-reviewed!*

**La Sierra University
Institutional Review Board
Application for Research Using Humans**

Title of Project: _____

Applicant's Full Name: _____ Dept. _____

Address: _____ City: _____ State: _____ Zip _____

E-mail: _____ Phone: _____ Fax: _____

Faculty Sponsor (for student projects): _____ Dept: _____

E-mail: _____ Phone: _____ Fax: _____

Dates of Entire Project Period from _____ to _____

SECTION I (*Descriptions may be attached as a single page*)

Short Description of Purpose of Study:

Short Description of Procedures:

What are you planning to do with your research findings?

SECTION II

1. For evaluation of your project, indicate by an X whether any of the following are involved:

- | | |
|---|--|
| <input type="checkbox"/> Volunteers | <input type="checkbox"/> Interviews |
| <input type="checkbox"/> Students as subjects | <input type="checkbox"/> Mentally retarded subjects |
| <input type="checkbox"/> Trainees as subjects | <input type="checkbox"/> Mentally disabled subjects |
| <input type="checkbox"/> Minor subjects (less than 18 years) | <input type="checkbox"/> Prisoners, parolees, or incarcerated subjects. |
| <input type="checkbox"/> Subjects whose major language is not English | <input type="checkbox"/> Filming, video or voice- recording
*Specify by circling one. |
| <input type="checkbox"/> Psychology Subject Pool | <input type="checkbox"/> Patients as subjects |
| <input type="checkbox"/> Questionnaires | <input type="checkbox"/> Subjects to be paid |
| <input type="checkbox"/> Data banks, data archives and/or medical records | |

2. How many subjects are expected to participate? _____

3. How will you obtain subjects? _____

4. Where will the research be conducted? _____

5. Will anyone, besides you, have access to the original data you are going to collect? Yes / No

If Yes, please describe the person(s) and their role in your project.

6. How long will it take each subject to complete the study? _____

7. Estimate the magnitude of risks the subject assumes by entering this study.

None _____ Minimal _____ Moderate _____

8. If more than "none" list the risks that might result from this study. _____

9. List any benefits or compensation to subjects. _____

10. State source of funding for this project. _____

11. Will your study involve children? Yes / No

SECTION III

To determine eligibility for exempt status, please answer the following questions:

1. Will your research be conducted in an educational setting: Yes / No
 Does it involve (check any appropriate):
 - a. Regular or special education instructional strategies Yes / No
 - b. Study of effectiveness of or comparison among instructional techniques, curricula, or classroom management methods. Yes / No

2. If a questionnaire or test will be used, is this one you have developed? Yes / No
 If No, give name of test _____ If Yes, please attach copy.

3. Will the name of the subject be attached to any data? Yes / No
 Can responses be linked to subjects through identifiers? Yes / No

4. Will your research involve a questionnaire, interview, or both? _____
 (If instruments will be used, please attach a copy of each to your protocol.)
 - a. Can responses be identified, directly or through identifiers to subjects? Yes / No
 - b. Can the subject's responses, if known outside of study, place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability? Yes / No
 - c. Does the research deal with sensitive issues such as illegal conduct, drug use, sexual behavior or use of alcohol? Yes / No

5. Will you observe public behavior? Yes / No
 - a. Can subject be identified from recorded data? Yes / No
 - b. Can the observations, if known outside of the study, place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability? Yes / No
 - c. Does the research deal with sensitive issues such as illegal conduct, drug use, sexual behavior or use of alcohol? Yes / No

6. Does the research involve existing data and records publicly available? Yes / No

7. Is the research a demonstration project conducted by or approved by the Department of Health and Human Services, the Social Security Act or other public benefit or service program? Yes / No

SECTION IV

1. Please state ages of children involved, if any _____
2. If research observes public behavior, will you be a participant in the activities? Yes / No

SECTION V

Please include informed consent form with this application. If your research does not use a written consent, please indicate how you will obtain participant consent.

In case of research involving children include both forms used to solicit the assent of the children and the permission of their parent(s) and/or guardian(s).

“I accept responsibility for the factual content of this report and will be available for discussion if additional questions are raised.”

Applicant’s Signature _____ Date _____

Faculty Sponsor (if student project) _____ Date _____

Department Chair Approval _____ Date _____
(If applicant is Department Chair, Immediate Supervisor or Senior Faculty signature is required)

IRB Chair Exempt Approval _____ Date _____

IRB Chair Expedited Approval _____ Date _____

IRB Full Committee Approval _____ Date _____

Revised 8/08