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| --- | --- | --- |
| Type of Review (Select One) |  | IRB Use Only |
| Exempt  | [ ]  |  | IRB # |       |
| Expedited | [ ]  |  | Date Received |       |
| Full Board | [ ]  |  | Date Approved |       |

**MIDWESTERN STATE UNIVERSITY**

**Application for Use of Human Participants in Research**

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| --- | --- | --- | --- | --- |
| Submission Date |  |  |  |  |
|       |  |  |  |  |
|  |  |  |  |  |  |
| **Principal Investigator** | Undergraduate[ ]  | Graduate[ ]  | Faculty[ ]  | Other[ ]  | Training Certificate[[1]](#footnote-1)Yes [ ]  No [ ]  |
| Name |       | Phone |       | Dept |       |
| Primary Email |       | Alt. Email |       |
| Organization Affiliation, if not MSU |       |
| Address |       |
|  |
| **Co-Investigator and/or Faculty Advisor** | Undergraduate[ ]  | Graduate[ ]  | Faculty[ ]  | Other[ ]  | Training Certificate1Yes [ ]  No [ ]  |
| Name |       | Phone |       | Dept |       |
| Primary Email |       | Alt. Email |       |
| Organization Affiliation, if not MSU |       |
| Address |       |
|  |
| **Co-Investigator** | Undergraduate[ ]  | Graduate[ ]  | Faculty[ ]  | Other[ ]  | Training Certificate1Yes [ ]  No [ ]  |
| Name |       | Phone |       | Dept |       |
| Primary Email |       | Alt. Email |       |
| Organization Affiliation, if not MSU |       |
| Address |       |
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| **Project Title** |
|       |
| **Project Type** |
| [ ]  Directed Independent Study/EURECA Research | [ ]  Senior Thesis | [ ]  Master’s Thesis |
| [ ]  Faculty Research |
| [ ]  Other MSU-based | Course:       | Instructor:       |
| [ ]  Research conducted by another university/agency |
|  MSU Sponsor:       | Email:       |

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| **Funding Information** |
| Is the project receiving grant funding? | [ ]  Yes [ ]  No |  (If yes, specify source) |
| [ ]  Institutional funds | [ ]  Departmental funds | [ ]  Donation/Gifts | [ ]  Personal funds |
| [ ]  No cost study | [ ]  Other funds (describe):      |

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| **Provide a summary of your project purpose, rationale, and potential benefits**.*What are the study objectives? Why is this research important? How will this project contribute to the discipline?* *How do the potential benefits justify any possible risks incurred by participants in the study?* |
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| **Description of Participants and Recruitment** |
| [ ]  Adults | [ ]  Children under 18 years old | [ ]  Senior citizens ( over 65 years old) |
| [ ]  Hospital/institutional patients | [ ]  Other (specify):       |
| Estimated # | Age range | Gender | Other information (source, vulnerability) |
|       |       |  |       |
| Explain inclusion or exclusion criteria (e.g. sex/gender, race, age, religion) |
|       |
| Explain how the participants will be recruited or solicited (e.g. ads, announcements). Also indicate whether other organizations/agencies (e.g. schools, hospitals) are involved in this research and any recruitment procedures you must follow to comply with the outside agency’s guidelines.*Verbatim copies of recruitment materials must be submitted with this application.* |
|       |
| Describe the nature of compensation given to participants |
|       |

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| **Description of Study Procedures** |
| Project and Data Collection Dates |
| Anticipated beginning of project |       | Anticipated ending of project |       |
| Specify where and how the data will be stored*(HHS policy requires that all data be kept in a secure location for a minimum of three years upon study completion.)* |
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| **Provide a summary of your research procedures and methods of data collection**.*Describe your methods of data collection. What will the participants in your study do or experience? How long will it take them to complete all study procedures? Please indicate if participation is voluntary or not. Also describe whether the procedures assess standard educational practices or use data that will be collected even if the study is not conducted. (Supporting materials (e.g.data sheet, inventories, questionnaires, surveys, interviews)* *must be submitted with your application).* |
|       |
| **Elaborate on procedures that ensure confidentiality and anonymity of participants**. |
|       |

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| **Risks to participants in the study***.* |
| Will participants be asked for information they might consider to be personal or sensitive? [ ]  Yes [ ]  No |
| Will participants be presented with materials or exposed to social interactions that might be consider offensive, threatening, or degrading? [ ]  Yes [ ]  No |
| Does the study involve deception? [ ]  Yes [ ]  No  |
| Estimate overall risk level to participants(consider psychological, social, physical, or legal risk)*Minimal risk means exposure to harm no greater than encountered in ordinary daily life,* *or in the performance of routine physical or psychological examinations.* |
| [ ]  Less than minimal  | [ ]  Minimal | [ ]  More than minimal |
| Explain determination of risk level (i.e. describe potential risks). *Include statements made to participants that may be misleading or deceptive.*  Explain methods to minimize/control risk of harm. *Include verbatim statements given during debriefing.* Justify research, if risks to participants exceed minimal levels. |
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| **Informed Consent Procedures***Include copies of written consents and scripts for verbal consent with application.* |
| [ ]  Written informed consent  | [ ]  Verbal consent | [ ]  Consent of parent or guardian |
| [ ]  Not applicable (e.g. if participation is not voluntary, research using existing materials) |
| [ ]  Implied consent (explain)       |

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| Principal Investigator Assurance Statement |

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| By signing below, I certify that information above is complete and accurate. I understand that as Principal Investigator, I have definitive responsibility to conduct the study in an ethical manner, protecting the rights and welfare of human participants in strict adherence to the study’s protocol and the Department of Health and Human Services Code of Federal Regulations. I will submit modifications and/or changes to the IRB committee as necessary and comply with all policies and procedures enforced by the Midwestern State University IRB. |

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| Principal Invesigator: |   | Date: |
| Faculty Advisor or Sponsor: |   | Date: |
| Co-Investigator: |   | Date: |
| Co-Investigator: |   | Date: |
| Department Chair: |  | Date: |

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| You may insert electronic signatures or print, sign, and scan the signed document to create a signed electronic copy. Once completed, applicants should forward all necessary materials to their department chair for review. Once the department chair approves the research, the chair may forward the application to the college IRB representative. Forwarding the application to the IRB will indicate the chair’s review and approval of the research. If the department chair prefers the applicant submit the application to the IRB, their approval must be indicated in writing along with the application. |

1. All investigators need a Human Subjects Training Certificate.

For a free online training course, please go to <http://phrp.nihtraining.com/users/login.php> [↑](#footnote-ref-1)