**Baton Rouge Community College**

**Institutional Review Board**

**Application for Human Subjects Research**

Date:

Research Project Title:

Principal Investigator:

Home Institution and Department:

Phone:

Email address:

Co-Investigators (list all):

Home Institution and Department:

Phone:

Email address:

Anticipated Funding Source (if applicable):

Projected Duration of Research:

Proposed Projected Starting Date:

Other organizations and/or agencies, if any, involved in the study:

Proposed Category of Review. Please note: final determination of category is made by the IRB.

(select one) Exempt Expedited Full Board Review

Are you an employee of Baton Rouge Community College?
If you answered “yes,” which department? If “no,” what is your association with the College?

Has the department under which you wish to conduct your research been pre-informed?
If you answered “yes,” who have you been working with?

Please answer the following questions below, or enter your responses in a separate document and attach:

1. **Project and Purpose**. Provide a description of research design to be used, including the program activities and what measures or observations will be used in the study.

2. **Human Subjects Population**. Answer the following questions regarding human subjects.

1. Who will be the research subjects? Are they students of Baton Rouge Community College?
2. How many human subjects will be employed?
3. How will they be solicited or contacted?
4. How much time will be required of each subject?
5. Include any recruitment letters or other recruitment materials with this document.

3. **Protocol**. Provide a step-by-step outline of the procedures, treatments, or interventions to which humans will be subjected. Include a copy of the survey instrument(s), if applicable.

4. **Risks and Precautions**. Address the following concerns regarding risks and precautions.

1. Thoroughly describe the risks, if any, posed to human subjects participating in the study.
2. What steps will be taken to ensure that each subject’s participation is voluntary?
3. What, if any, incentives will be offered to the subjects for their participation?

5. **Confidentiality of data**. Describe the methods to be used to ensure the confidentiality of data obtained, including plans for publication, disposition or destruction of data, etc.

6. **Informed Consent**. Describe the consent procedure that will be employed in the study. If an informed consent form is to be used, attach copies of all consent forms to be signed by the subjects.

RESPONSIBILITIES OF THE PRINCIPAL INVESTIGATOR:

(a) Any additions or changes in procedures in the protocol will be submitted to the IRB Chair for written approval prior to changes being implemented.

(b) Any problems connected with the use of human subjects once the project has begun must be communicated to the IRB Chair or designee. This includes adverse effects, which must be reported to the IRB chair immediately and also reported to the federal Office of Human Research Protections.

(c) The Principal Investigator is responsible for retaining informed consent documents for a period of three years after the project.

(d) The Principal Investigator shall notify the IRB Chair when the research proposal has been appropriated by another institution’s IRB.

(e) The Principal Investigator will provide a copy of the final research results to the IRB Chair and complete the IRB’s Research Closure Form.

(f) If the project is anticipated to last longer than the one-year approval period, a Continuation form should be filed with the IRB at least thirty (30) days in advance of the expiration.

Principal Investigator:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Review Decision (to be completed only by IRB/College Officials)**

Review Category: Exempt Expedited Full Board Review

Decision: Approved Not Approved

IRB Chair:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice Chancellor for Academic Affairs (or equivalent officer) --- FOR APPROVED APPLICATIONS ONLY:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_