WESTERN NEW ENGLAND UNIVERSITY
INSTITUTIONAL REVIEW BOARD (IRB) SUBMISSION FORM
FOR PROPOSAL TO USE HUMAN PARTICIPANTS IN RESEARCH
FWA00010736

Last Modified September 13, 2022

Information regarding the annual meeting schedule of the Institutional Review Board, submission deadlines and requirements, and contact information may be found on the IRB section of the Academic Affairs website located at: https://www1.wne.edu/academic-affairs/institutional-review-board.cfm

Date of Application: (MM/DD/YYYY)

1. Responsible Project Investigator **(Note: students/ residents cannot serve as PIs):**

Phone No.:

Address (Campus address, including box #, if available):

E-mail:

2. Investigator (e.g., Graduate Student) **(Note: Please list any additional investigators in Appendix):**

Phone No.:

E-mail:

Address (Campus address, including box #, if available):

3. Collaborations: Does this project involve any collaborators not part of the faculty/staff at WNEU?

No Yes

Please specify:

4. Title of Project:

5. Submission Type: New Renewal Amendment

6. Anticipated Project Duration:

From MM/YYYY:

To MM/YYYY:

NOTE: Any research project that undergoes full board review and continues for longer than one (1) calendar year requires annual renewal.

7. Non-Technical Synopsis:
(Please provide a brief abstract in non-scientific terms.)

8. Background:
(Please provide a brief narrative review of the literature and basis of the study.)

9. Objective:
(Briefly state the objective of the research.)

10. Type of research participant (Include all that apply.) **Indicate the approximate number in each category.**

Undergraduate WNE student (18 years old or older) #

Undergraduate WNE student (less than 18 years old) #

Graduate or Law WNE student #

WNE employee (18 years old or older) #

WNE employee (less than 18 years old) #

Minor not otherwise specified (less than 18) #

Off-campus participants (specify including age and #)

Special population (e.g., prisoner, pregnant, disabled) (specify including age and #)

Other (specify including age and #)

11. Recruitment of participants (Check all that apply.)

- ☐ Unpaid classroom volunteer
- ☐ Paid classroom volunteer
- ☐ Unpaid nonclassroom volunteer
- ☐ Paid nonclassroom volunteer
- ☐ Other (Please specify)

How will participants be recruited (please attach any flyers, email content, etc.)? Please list all inclusion/exclusion criteria.

12. Expected study duration and compensation.

Expected Duration (e.g., total hours and length of involvment (days, months) per participant):

Expected participant compensation (Check all that apply.)

☐ No compensation ☐ $$ compensation

☐ Other (Please specify)

If applicable, please specify $$ rate

13. Location of the research (Check all that apply)

☐ On-campus ☐ On-Line ☐ Off-Campus

Please specify site (e.g., Springfield campus, Southborough, specific off-campus location)

Note: If off-campus locations are included, please attach a signed permission from a responsible individual (e.g., business owner, school superintendent, principal) for each location.

14. Will the participants be exposed to more than minimal risk?

◯ Yes ◯ No

Please briefly describe any anticipated risks, discomforts, or inconveniences related to participation, and what will be done to minimize these.

15. Describe consent and/or procedure (attach copies of written informed consent form or information sheet and use consent form checklist to ensure that it contains required elements). Who is obtaining consent? Where and when will it be obtained? How will it be obtained from non-English speakers, if relevant? **Attach copies of consent and assent forms.**

16. Confidentiality and anonymity of information obtained (Check all that apply)

- [ ] Participants' responses will be anonymous. (Data are collected in a way that no one (including the researcher) can identify the individual associated with any particular result or response, e.g., a survey with no names or other identifying information.)
- [ ] Participants' responses will be confidential. (Records are maintained in a way that ensures only the researchers have access to any information or results linked to a specific individual.)
- [ ] Other (Please specify)

17. Does the research involve the use of deception?

- ( ) Yes
- ( ) No

If "Yes" please elaborate in the space below, describing the deception used and providing a justification of the need for deception.

18. Does the research involve debriefing of participants?

- ( ) Yes
- ( ) No

If "Yes" please provide an explanation in the space below describing how (e.g., spoken, with written statement) and when the participants will be debriefed. If "No" please provide an explanation of why debriefing is not necessary. Provide a copy of the debriefing statement as an attachment, if relevant.

19. Data collection methods: Describe data collection methods to be used (e.g., survey instruments - **copies must be submitted as attachments**), the types of data to be collected (e.g., electronic, hard copy, video), where it will be stored and for how long, who will have access to the data and any security protections that will be put in place.

20. In the space below, please provide a thorough description of the research procedure(s), including design, what specific procedures will be used in each phase of the study, etc.

21. Are you applying for an exemption? ◯ Yes ◯ No

NOTE: If "Yes" please submit the Exemption Code # in the space below, citing your specific reason. For a listing of reasons, go to http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html (Refer to 46.104.)

22. Online Training Requirement
The IRB has a mandatory training requirement prior to protocol approval. Training is conducted through the Collaborative Institutional Training Initiative (CITI) Program. Instructions on how to access this training can be obtained at https://www1.wne.edu/academic-affairs/institutional-review-board.cfm. **Please attach a current copy of your certificate to your application submission.**

23. Assurances:
I certify that I have read and followed the the Belmont Principles (http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html) and the American Psychological Association's* ethical principles concerning research with human participants (http://www.apa.org/ethics). I will adhere to the policies and procedures explained therein. Should changes in the procedure or consent form described above (or in related documents) become advisable, I will submit them to the IRB for approval. I understand that the responsibility for the ethical conduct of the study rests with the responsible faculty investigator. I agree to report any participant complaints that may arise to the IRB.

NOTE: It is strongly recommended that all researchers consult the education training materials available on human subjects research protection at: http://www.hhs.gov/ohrp.

(*Departments or Colleges/Schools that have established their own Human Subjects Committee may substitute the appropriate professional organization's ethical guidelines for research after approval from the IRB.)

1. Responsible Project Investigator's Signature: Date

2. Investigator's Signature, If Different Date

3. Investigator's Signature, If Different: Date

4. Investigator's Signature, If Different: Date

5. Investigator's Signature, If Different: Date

You may not begin conducting any aspect of the proposed study until such time as you have received written approval for the proposal.