# Institutional Review Board (IRB)

# Research Application

# Research Involving Human Participants



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| **Research Project Title:** |  |

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| **Project Director/Lead Investigator:** |  |
| Mailing Address: |  |
| Telephone: |  |
| Email Address: |  |

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| **Project Co-Investigator:** |  |
| Mailing Address: |  |
| Telephone: |  |
| Email Address: |  |

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| **Research Advisor:**  (If Lead Investigator is a Student) |  |
| Mailing Address: |  |
| Telephone: |  |
| Email Address: |  |

**Summary Information (to be completed by Project Director/Lead Investigator)**

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| **Review Category:** | Exempt | Expedited | Full-Review |

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| **Review Category Code: check one**  Exempt and Expedited Review Only;  *Definitions on Research Review Category Summary* | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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| **Projected Start Date:** |  | **Projected End Date:** |  | **Projected Duration of Project (months):** |  |

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| **This Submission is a:** | New Project | Review of a Continuing  Project | Revision to a Previously  Approved Project |

**Summary Abstract (to be attached by Project Director/Lead Investigator)**

**Exempt and Expedited Projects:**

Submit a *brief* summary abstract addressing the following:

* Description of the research participants including expected number of participants.
* Location(s) of the project.
* Procedures for the data collection and if data will be confidential or anonymous.
* Procedure for data disposition and who will have access to data.
* If this is a funded project, provide funding source.
* If other organizations and/or agencies are involved in the project, provide their names and involvement.

Attach the following documents:

* Informed Consent Form (If this form is not being used, please address how consent will be obtained in the Summary.).
* Data Collection Instrument(s).
* If you are a student researcher, Letter of Approval from the IRB at your institution.

**Full Review Projects:**

Submit an abstract addressing the following:

* Project
  + Purpose/Intent of project
  + Description of experimental methods, designs and program activities
  + Location(s) of the project
  + Procedures for the data collection and if data will be confidential or anonymous
  + Procedure for data disposition and who will have access to data
  + If this is a funded project, provide funding source.
  + If other organizations and/or agencies are involved in the project, provide their names and involvement.
* Protocol
  + Description of the research participants including expected number of participants
  + Research participants selection and contact
  + Time required of research participants
  + Subjected procedures description
* Precautions
  + Steps taken to ensure voluntary participation.
  + Inducements offered to subjects for participation, if any
* Data Confidentiality
* Method(s) to ensure data confidentiality
* Plan(s) for data publication
* Procedure for data disposition

Attach the following documents:

* Informed Consent Form (If this form is not being used, please address how consent will be obtained in the abstract.)
* Data Collection Instrument(s)
* Recruitment Materials, if any.
* If you are a student researcher, Letter of Approval from the IRB at your institution.
* Flesch-Kincaid Readability level of assent and consent forms [(Free Readability Test Link)](https://www.webfx.com/tools/read-able/).

**Responsibilities of the Project Director/Lead Investigator and Project Co-Investigator**

I/We acknowledge that this application accurately reflects the proposed research. I/We have reviewed this application and the Aims Community College IRB guidelines with all project researchers who will have contact with project participants and/or access to the data obtained and agree to comply with the application and guidelines. I/We understand that any changes in procedures must be submitted in written abstract form to the IRB for approval prior to the changes being implemented. I/We further understand that any adverse events and/or significant changes in risk for the project participants must be immediately reported in writing to the Aims Community College IRB. I/We agree to retain participants’ informed consent documentation for a period of three (3) years after the completion of the project.

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| **Signature of Project Director/Lead Investigator** | **Date** | **Signature of Project**  **Co-Investigator** | **Date** |

**Responsibilities of Research Advisor (If Lead Investigator is a Student)**

I acknowledge that I have reviewed this application, confirm its accuracy, and accept responsibility for monitoring the conduct of this research, and the maintenance of consent documentation as required by the Aims Community College IRB.

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| **Signature of Research Advisor** | **Date** |

**Application Submittal**

Mail Completed Application to: Jeffrey Adcock

Aims Community College, IRB Administrative Support

5401 W 20th Street

Greeley, CO 80634

FAX Completed Application to: (970) 475-2335

Email Completed Application to: jeffrey.adcock@aims.edu

**Note:** Incomplete Applications will not be reviewed; please review your application and attachments

carefully prior to submittal.

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| **IRB OFFICE USE ONLY** | | | |
| Date Received: |  | File Number: |  |
| IRB Review Results: | Approved | Approved w/ Conditions | Disapproved |
| Approval Signature | IRB Chair: |  | Date: |
| Notification: | Letter | Email | Date: |