UNIVERSITY OF JAMESTOWN: INSTITUTIONAL REVIEW BOARD
APPLICATION TO USE HUMAN SUBJECTS IN RESEARCH

1. PROJECT REVIEW:

The Principle Investigator, the Co-Investigators, the faculty advisor, and the student, must complete Responsible Conduct in Research online training, and submit current, up-to-date certificates of completion with the application (see the IRB Application and Documentation page in MyUJ on the Faculty page).

☐ New IRB submission

☐ IRB Resubmission; Previous review: (_____)

2. PROJECT TITLE: _____

_____

3. DATA COLLECTION DATES : From (_____) to (_____)

Data collection dates should give time for the IRB to review your protocol. Please allow four weeks for review of your application from the date you turn in the application as the protocol start date.

In the case of studies that are exempt, no resubmission is required, unless the study protocol changes. It is the obligation of the investigators to resubmit the protocol for re-review at that time.

In the case of studies requiring expedited or full board review, the data collection dates should be no more than one year on this application. *Data collections for expedited or full board review that extend beyond one year must be resubmitted for renewal to the IRB.* It is the obligation of the investigators to resubmit the protocol for re-review in a timely manner.

For IRB Use Only

☐ Exempt	☐ Full Board Review
☐ Expedited	

4. INVESTIGATOR(S):

Principle Investigator Name: _____
Department: _____ Phone: _____ Ext. _____
Email Address: _____

Co-Investigator Name: _____
Department: _____ Phone: _____ Ext. _____
Email Address: _____

Co-Investigator Name: _____
Department: _____ Phone: _____ Ext. _____
Email Address: _____

Co-Investigator Name: _____
Department: _____ Phone: _____ Ext. _____
Email Address: _____

Co-Investigator Name: _____
Department: _____ Phone: _____ Ext. _____
Email Address: _____

Co-Investigator Name: _____
Department: _____ Phone: _____ Ext. _____
Email Address: _____

Co-Investigator Name: _____
Department: _____ Phone: _____ Ext. _____
Email Address: _____

Faculty Advisor/Sponsor Name: _____
Department: _____ Phone: _____ Ext. _____
Email Address: _____

This research is for:

☐ Thesis/Dissertation (graduate)
☐ Special Project (undergraduate)
☐ Special Project (graduate)
☐ Independent Study
☐ Course:
☐ Other:

5. **PARTICIPANTS** (approximate number and all applicable categories):

Number of participants proposed: _____

☐ Female	☐ Male
☐ Children (17 or younger)	☐ Adults (18 years of age or older)
☐ Patients in institutions	☐ UJ students
☐ Prisoners	☐ Faculty or external reviewers
☐ Pregnant women	☐ Child Development Center

☐ Other: _____

6. **FUNDING** : Project period from (_____) to (_____)

Are you seeking funding for this research? ☐ No ☐ Yes
If yes, submit one copy of the proposal summary or abstract with the application.

Does the funding agency require IRB approval? ☐ No ☐ Yes ☐ N/A
If yes, provide all relevant forms with this application.

7. **ATTACHMENTS**: All relevant project materials and documents, if applicable.

☐ Description of Research Project Form *(Required)*

☐ Responsible Conduct in Research Certificates *(Required)*

☐ Informed Consent Form *(Required)*

☐ Participant recruitment procedure and materials (e.g., fliers, advertisements)

☐ Surveys, questionnaires, interviews, and measurement instruments

☐ Include letters of approval/permission on letterhead from cooperating agencies, schools, board of education, school districts, and other agencies.

☐ Assent script for children

☐ Assent form for children

☐ Debriefing statement or explanation sheet

☐ Debriefing services available (e.g., social work, psychology, counselling)

☐ Other required documents (i.e. IRB application materials and IRB approval from another organization):

_____

AFFIRMATION OF COMPLIANCE:

Note: Investigators or researchers are required to notify the IRB of substantive changes to protocol, unanticipated adverse, serious events experienced by participants, and project completion. Projects lasting longer than one year require an annual Request for Continuation (Protocol Renewal) or Notice of Project Ending by emailing the Research Compliance Officer at svoorhee@uj.edu. The consent forms and data must be kept at least three years after the study ends.

I agree to follow the procedures outlined herein and to ensure that the rights and welfare of human participants are properly protected. I will commence the study only after receiving approval from the IRB and having complied with required modifications. I will promptly report additions, changes, or problems involving the rights or welfare of human participants to the IRB by contacting the Research Compliance Officer at svoorhee@uj.edu. If the project continues for more than one year from the approval date, I will submit the required documentation.

I affirm that I have read and reviewed the accuracy of this application and accept responsibility for the ethical conduct of this research, supervision of human participants, and maintenance of data and informed consent documentation as required by the IRB.

Signature of Principle Investigator	E-mail Address
Signature of Co-Investigator	E-mail Address
Signature of Co-Investigator	E-mail Address
Signature of Co-Investigator	E-mail Address
Signature of Co-Investigator	E-mail Address
Signature of Co-Investigator	E-mail Address
Signature of Co-Investigator	E-mail Address
Signature of Department Chair	E-mail Address

This form is required for all STUDENT-LED studies that require IRB submission.

APPROVAL OF FACULTY ADVISOR/SPONSOR:

I affirm that I have proofread and reviewed the accuracy of this application and accept responsibility for the ethical conduct of research, student supervision, and documentation maintenance.

I agree to follow the procedures outlined herein for my student(s) and to ensure that the rights and welfare of human participants are properly protected. I will ensure the study does not commence until the study has been approved by the UJ IRB and having complied with required modifications. I will promptly report additions, changes, or problems involving the rights or welfare of human participants to the IRB by contacting the Research Compliance Officer at svoorhee@uj.edu. If the project continues for more than one year from the approval date, I will submit the required documentation.

Printed Name of Faculty Advisor/Sponsor	UJ Department	Phone	Ext.

Signature of Faculty Advisor/Sponsor	UJ E-mail Address

APPROVAL OF LICENSED MEDICAL PHYSICIAN:

This signature is required only if the project involves medical procedures and neither the investigator nor the faculty advisor is a licensed physician.

Printed Name of Physician	E-Mail Address	Phone

Signature of Physician	Date