NORCO COLLEGE
RIVERSIDE COMMUNITY COLLEGE DISTRICT

APPLICATION FOR APPROVAL TO CONDUCT RESEARCH USING HUMAN PARTICIPANTS

Principal Investigator:_____

PI Email: _____ PI Telephone: _____

PI Institution: _____

Department: _____

Department Chair: _____ Email: _____

Faculty Advisor: _____ Email: _____

Project Title: _____

This research project has been approved by my institution's IRB. ◯ yes ◯ no
(A copy of IRB approval from your institution must be included as an attachment to this application)

Date: _____

NOTE: Signatures are required on the last page of this application

Please complete all sections below for full review and consideration of your application for use of human participants. Do not leave any sections blank. If response is not appropriate please enter N/A.

1. PURPOSE: What are the specific aims of the research project?

2. PARTICIPANTS:

a. Please describe the participant population.

b. Please indicate the maximum number of participants you propose to recruit from Norco College. _____

Will participants be recruited from additional sites? _____ (yes/no) (Please list all additional recruitment sites.)

d. Will participants personally incur any expenses as a result of participation (e.g. fuel), and if so, will they be reimbursed for expenses? Please describe method of reimbursement, if applicable.

e. Will participants be compensated for participating in the research study? If so, by what means?

3. PARTICIPANT RECRUITMENT: Please describe how participants will be recruited from Norco College (e.g. in classrooms, booth/table on campus, etc.).

4. PROCEDURES: Please describe how participants will be involved in the study by answering the following questions.

a. Who will assist the principal investigator?

b. How often will participants be involved?

c. How long will participants be involved?

d. What data will be recorded and how? (List machines, equipment, instruments, etc. that will be used.)

e. Please describe data collection methods. (self-report survey, interview, focus groups, etc.)

f. Please provide any additional protocol information you consider relevant for this review.

5. <u>RISKS AND BENEFITS:</u>

a. Please describe potential risks to participants. (A response of "no risks" is not acceptable. Please use "no foreseeable risks" if appropriate.)

b. How will potential risks be minimized?

c. Please describe potential benefits to participants.

d. State your reasons for believing that benefits of your research outweigh potential risks.

6. PRIVACY:

a. Who will receive information provided by participants?

b. Please describe provisions to protect the privacy interests of participants.

7a. CONFIDENTIALITY – PARTICIPANTS:

a. Will you collect identifying information from participants? _____ (yes/no)
If yes, please describe.

b. Will you be collecting identifying information from the college? _____ (yes/no)
If yes, please describe.

c. Who will have access to identifying information and for what reason?

d. Where will data be stored?

e. Will data be destroyed? _____ (yes/no) When? _____

f. If findings are published, how will participants identities be masked?

7b. CONFIDENTIALITY – NORCO COLLEGE:

a. Who will have access to information identifying Norco College as a site for data collection?

b. If findings are published, will the identity of Norco College be masked? _____ (yes/no)

8. CONSENT:

a. Please describe the consent process. Will consent be obtained via signed consent forms or verbal presentation? (Sample consent forms and written out copy of verbal consent must be included as an attachment to this application)

b. What steps will be taken to minimize the possibility of coercion or undue influence?

ATTACHMENTS: Please check attachments included with your application.

☐ IRB approval from PI's institution

☐ Sample instruments/measures

☐ Sample consent forms

☐ Research proposal

☐ Other (You may attach other documents you believe to be relevant to the review and approval of this application.)

ASSURANCES

PRINCIPAL INVESTIGATOR:

I, the Principal Investigator certify that:

☐ The study has been designed to protect the human participants.

☐ I understand that I am responsible for the scientific conduct of the research and for providing all reports and information to the Norco College IRB.

☐ All members of the research team are appropriately qualified to perform the work undertaken in the research protocol.

☐ I will conduct the study identified above in the manner described. If I decide to make any changes in the procedure or if a participant is injured or if any problems occur which involve risk or the possibility of risk to participants or others, I will immediately report such occurrences or contemplated changes to the Norco IRB.

_____ Date: _____

Principal Investigator Signature

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This section for Norco College IRB use only

NOTICE OF COMMITTEE ACTION

Documentation provided:

☐ IRB Approval documentation from principal investigator institution
☐ Sample research instruments
☐ Sample consent forms
☐ Research Proposal

Approval period:

☐ one year
☐ six months
☐ other (explain)

_____

Approval:

This application for approval to conduct research using human participants from Norco College, Riverside Community College District has been reviewed and approved by the full membership of the Norco College Institutional Review Board.

Application and Approval number _____

_____ Date: _____
Co-Chair, Norco College Institutional Review Board

_____ Date: _____
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