TULSA COMMUNITY COLLEGE INSTITUTIONAL REVIEW BOARD
Main Application Form Checklist

**Required elements of the main application**

Please review this checklist prior to submitting your IRB Application form. The following elements *must be included* in the application for IRB Review for Human Subjects Research at Tulsa Community College:

 Contact information for Principal Investigator(s) on the research
 Contact information for Co-Investigator(s), if applicable
 Contact information from Sponsor affiliated with TCC, if applicable
 Completed Human Subjects Research Sponsor Form, if applicable (*If a P.I. is not a TCC employee, the study must be sponsored by the appropriate TCC employee. See Sponsor Form for appropriate sponsor.)*
 Attached copies of Human Subjects Protection training certificates for all personnel listed (*In order for the IRB to process this application, everyone on the application is required to have an active Human Subjects Protection training certificate. All training certificates must be attached to the IRB application. Any applications missing this requirement will be returned to the applicant.)*
 Attached copies of committee approval for any proposed study being completed for a master’s or doctoral dissertation or thesis project. (*This is to ensure the proposed project within this application is the final version approved by a graduate committee so that the researcher does not have to apply more than once or amend their application throughout the process.*)

 Project Title, Abstract, Project Type, and Project Timeline
 Research questions addressed by the proposed study
 Purpose and background of the study
 Methodology of the study, including a description of study sites, instruments and materials, and population of interest *(please attach a copy of all instruments and materials to your application)*
 Description of recruitment procedures, including any potential subject compensation *(please attach any separate recruitment documents to your application)* Description of any potential risks and procedures for minimizing those potential risks
 Description of any potential benefits to the study and the impact of the research on TCC
 Informed consent documents *(separate forms should be attached to your application)* Description of protocol for collecting, coding, storing, accessing, and/or destroying data and recordings
 IRB approval documents from affiliated external institutions, if applicable *(If the P.I. is affiliated with another institution, IRB approval from that institution must be submitted with this application.)*

\*\*You may not proceed with your research until you have TCC IRB approval. Additionally, you may not request any data from Institutional Research and Assessment until you have TCC IRB approval.\*\*

**Application for IRB Review for Human Subjects Research**

**PRINCIPAL INVESTIGATOR(S):** Copy the table below for additional principle investigators.

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|       |       |       |       |
| Name | Telephone Number | E-mail address | Institutional Affiliation |
| Are you a: [ ]  Faculty [ ]  Staff [ ]  Administrator [ ]  Other:       |

**CO-INVESTIGATOR(S):** Copy the table below for additional investigators.

**N/A** [ ]

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| Name | Telephone Number | E-mail address | Institutional Affiliation |
| Are you a: [ ]  Student [ ]  Faculty [ ]  Staff [ ]  Administrator [ ]  Other:       |

**SPONSOR:**

**N/A** [ ]

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|       |       |       |       |
| Name | Telephone Number | E-mail address | Institutional Affiliation |
| Are you a: [ ]  Faculty [ ]  Staff [ ]  Administrator [ ]  Other:       |

**PROJECT OVERVIEW**

**PROJECT TITLE:**

**PROJECT ABSTRACT:** The abstract should be a summary of the protocol (250 words or less).

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| Click here to enter text. |

**PROJECT TYPE:** [ ]  Thesis/Dissertation [ ]  Class Project

**(**Select all that apply.) [ ]  Pilot Project [ ]  Professional paper or presentation

[ ]  Faculty research project [ ]  Other:

**PROJECT TIMELINE:** Explain the timeline for the project, including expected end date when the project will be concluded.

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**RESEARCH PROTOCOL**

All research materials (consent, debrief, surveys, demographic questionnaires, etc.) must be attached to this application; otherwise, the application will be returned.

**RESEARCH QUESTION(S)**: Provide your research question(s) to be addressed by this proposed study.

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**PURPOSE AND BACKGROUND**: Provide background information for the study in the box below, including the objective of the proposed research, purpose, hypotheses, and/or any other relevant information.

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**METHODOLOGY**: Describe the tasks that subjects will be asked to perform. Include a step‑by‑step description of the procedures you plan to use with your subjects. Provide the approximate duration of participation for each procedure. That is, how long will participants be participating in the study? The precise location for each procedure should be specified. *If this is an archival study, describe how the archival data will be accessed.*

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**STUDY SITES:** [ ]  Metro campus [ ]  Northeast campus [ ]  Southeast campus [ ]  West campus

(Select all that apply.) [ ]  Conference Center [ ]  Online [ ]  Other:

**INSTRUMENTS & MATERIALS:** Describe the instrument(s) and material(s) to be used. Indicate the number and type of items, the time necessary to complete the instruments, and the frequency and method of administration (telephone, online, face-to-face, etc.). You must also provide a copy of the instruments and materials with your completed application. *If this is an archival study, describe the archival data you will be examining in this study.*

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**SUBJECTS:** Describe the population of interest, the recruitment criteria, and the number of subjects you plan to recruit from that population. If you will be excluding subjects from your study based on gender, ethnicity, demographic information, or any other criterion, describe those exclusions and the rationale behind the exclusion. *If this is an archival study, describe the subjects from which the data was originally collected.*

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**RECRUITMENT PROCEDURES:** Describe the recruitment procedures you will use. You will need to provide a copy of any recruitment material or language with your completed application. If participation in your study will occur through a particular course, program, or organization, you must obtain permission from the designated authority (e.g., Dean, Department Chair, Research Sponsor, etc.). A letter of support from the authority must be submitted with this application. *If this is an archival study, indicate who will be providing you with the data.*

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**SUBJECT COMPENSATION:** Subjects may be reasonably compensated for their participation in the study. Compensation to subjects should never be such as to constitute coercive inducement. Please select all possible forms of compensation offered for participation in this study.

[ ]  Course credit

[ ]  Extra credit in a course

[ ]  Money or gift card

[ ]  Drawing for a prize

[ ]  Other:

[ ]  No compensation will be offered

If course credit or extra credit will be given as compensation for the study, you must provide the students with an alternative method by which to earn the credit if they choose not to participate in the study. This option must be equivalent in type, effort, and resources necessary to complete. Describe alternative options if credit toward a course grade is used as compensation.

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**POTENTIAL RISKS**: Please check any groups that are the focus of your study. If the focus of your study is on any of the groups listed below, a full board review is required.

[ ]  Elderly (65 & older)

[ ]  Psychologically impaired

[ ]  Cognitively impaired

[ ]  Prisoners

[ ]  Native American Tribes and/or Tribal Organizations

[ ]  Educationally disadvantaged persons

[ ]  Economically disadvantaged person

[ ]  None of the above

Regardless of the group of interest, any persons under the age of 18 require full IRB approval in order to be included in the study. Will persons under the age of 18 be included in your study? [ ]  No [ ]  Yes

Please check any of the following that apply to your study.

 [ ]  Use of deception (Should be described in detail in the METHODOLOGY section above.)

 [ ]  Use of confidential records (e.g., education or medical records)

[ ]  Manipulation of psychological or social variables such as sensory deprivation, social isolation, psychological stressors, etc.

[ ]  Any probing for personal or sensitive information in surveys or interviews

[ ]  Presentation of materials which subjects might consider sensitive, offensive, threatening, or degrading

[ ]  Possible invasion of privacy of subject or family

[ ]  Risk of physical harm or injury

[ ]  Social or economic risk

[ ]  Legal risk

[ ]  Employment/occupational risk

[ ]  Other:

[ ]  None of the above

Describe the nature and degree of the risk checked above. The described risks/harms must be disclosed in the consent form.

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**MANAGEMENT OF RISK**: If potential risks have been identified, procedures for minimizing the potential risks must be described. Risk management procedures range from those applicable to a group (such as the exclusion of pregnant or potentially pregnant women from a study involving a new drug) to those applicable to an individual subject.

*Note: Management of risk does not change the classification of a study from "risk" to "no risk".*

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**POTENTIAL BENEFITS**: Describe potential benefits including benefits to subjects, the population from which they are drawn, and society in general.

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**IMPACT OF RESEARCH ON TCC**: Describe how the findings from this study will positively impact Tulsa Community College, its students, faculty, and/or staff, and/or the community it serves. Describe how you will disseminate the results of the study upon its conclusion.

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**INFORMED CONSENT**: Legally effective informed consent must be obtained and documented for the participation of any individual who will be placed at any level of risk. Informed consent means the knowing consent of an individual, or his or her legally authorized representative, so situated as to be able to exercise free power of choice without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion. Legally authorized representative means an individual, judiciary, or other body authorized under applicable law to consent on behalf of the prospective subject to such subject's participation in the activity. When the proposed investigation involves a subject who is a minor, uncomprehending, or legally incompetent to give consent, the consent form must clearly indicate the procedures are being consented to on behalf of the participant by his or her legally authorized representative.

If participation is anonymous, include the text on an information sheet or cover letter containing all required elementsof informed consent. Please refer to the informed consent checklist for further explanation.

If subject participation is not anonymous, you MUST include a consent form. For children and youth subjects, provide the assent form for the child/youth and the permission form for the parents.

**DATA SECURITY & PRIVACY PROCEDURES**

Special attention should be given to issues of confidentiality. If it is important to collect identifiable information about subjects, the rationale should be provided in the protocol and the strategies for maintaining confidentiality must be specified, including coding and reporting procedures, storage and access of identifiable data, and approximate date identifying data will be destroyed. If confidentiality has been promised and case histories or anecdotes will be reported, explanation should be given on how narratives will avoid identifying subjects through description of unique information about them.

In order to address data security, identify where, how long, and in what format (such as paper, digital or electronic media, video, audio or photographic) will data be kept? Describe what security provisions will be taken to protect this data (password protection, encryption, etc.). Specify when and how the data will be destroyed. *If you wish to retain the data beyond the conclusion of the study, you must provide justification.*

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Will you record any direct identifiers: names, social security numbers, addresses, telephone numbers, etc.?

 [ ]  No [ ]  Yes

*If yes, explain why it is necessary to record findings using these identifiers. Describe the coding system you will use to protect against disclosure of these identifiers (e.g., pseudonym and code: Sally 0303). Describe how subject identifiers will be maintained or destroyed after the study is completed.*

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Will you retain a link between the study code numbers and direct identifiers after the data collection is complete?

[ ]  No [ ]  Yes [ ]  N/A

*If yes, explain why this is necessary and state how long you will keep this link.*

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Will you provide a link or identifier to anyone outside the research team?

[ ]  No [ ]  Yes [ ]  N/A

*If yes, explain why and to whom.*

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Will audio, video, or film be recorded?

[ ]  No [ ]  Yes

 *If yes, explain how the recordings (tapes/photographs/negatives or digital/electronic media) will be handled.* Where, how long, and in what format (such as paper, digital or electronic media, video, audio or photographic) will they be kept? Describe what security provisions will be taken to protect these recordings (password protection, encryption, etc.). Specify when and how the recordings will be destroyed. *If you wish to retain the recordings beyond the conclusion of the study, you must provide justification.*

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 *Subjects must be informed about any recorded data via the informed consent process. Clarify how subjects will be identified in audio/video/film/digitally-captured responses. Describe how the recorded data will be used.*

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Will you place a copy of the consent form or other research study information in the participant’s medical, personal or educational record? (This information should be clearly explained in the consent document and/or process.)

[ ]  No [ ]  Yes [ ]  N/A

*If yes, explain why this is necessary.*

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Will you require a Federal Certificate of Confidentiality?

[ ]  No [ ]  Yes

*If yes, submit documentation of application (and a copy of the Certificate of Confidentiality award if granted) with this application form.* *If the data collected contains information about illegal behavior, visit the NIH Certificates of Confidentiality Kiosk* [*http://grants1.nih.gov/grants/policy/coc*](http://grants1.nih.gov/grants/policy/coc) *for information about obtaining a Federal Certificate of Confidentiality.*

Will any record of the subject’s participation in this study be made available to anyone who is not listed on this IRB application?

[ ]  No [ ]  Yes

*If yes, explain why this is necessary.*

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