



ABAC Institutional Review Board
APPLICATION FOR USE OF HUMAN PARTICIPANTS IN RESEARCH

Complete this form, then attach CITI training, narrative, and supporting documents. Submit to the Office of Sponsored Programs.

SECTION I	RESEARCHER		PROJECT	
	Responsible Researcher: _____ Mailing Address: _____ Department: _____ E-Mail: _____ Telephone: _____ Supervising Faculty (for student projects): _____ Supervising Faculty E-Mail: _____ Applicant Status: <input type="checkbox"/> PT/FT Faculty <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Administrator/Staff Member <input type="checkbox"/> Research Associate <input type="checkbox"/> Unaffiliated Investigator* <input type="checkbox"/> External Grad Student		Project Title: _____ _____ Project Dates: _____ to _____ Minimum # Participants: _____ Maximum # Participants: _____ External Funding**: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Sponsor: _____ Project Type: <input type="checkbox"/> Undergraduate Research <input type="checkbox"/> Master's Thesis <input type="checkbox"/> Senior Project <input type="checkbox"/> Doctoral Dissertation <input type="checkbox"/> Faculty Research <small>**If the research is or will be externally funded, include a copy of the portion of the proposal or award that describes use of human participants.</small>	
SECTION II	Co-Investigator	Institutional Affiliation	Email Address	*IRB FWA #
<small>*External investigators must indicate their institution's IRB Federalwide Assurance number and complete the Unaffiliated Investigator Agreement. Contact the Office of Academic Affairs for forms and more information for unaffiliated investigators.</small>				

Qualifying Questions: Please see instructions.		
If additional information or forms are required, please attach to the completed application.		
SECTION III	Q1. Does your proposed study (a) meet the ABAC Institutional Review Board definition of research or (b) does it involve a condition for IRB oversight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Q2. Are the human participants in your study living individuals or are you collecting information about deceased persons that may put third parties (i.e., surviving spouses and/or living descendants) at more than minimal risk of harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Q3. Will you obtain data through intervention or interaction with living or third-party individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Q4. Will you obtain identifiable private information about these individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Q5. Does the primary researcher, co-investigator, or any other key person have a potential or actual significant financial conflict of interest in the research? If yes, please complete the CITI module "Conflicts of Interest in Research Involving Human Subjects" AND complete the ABAC Conflict of Financial Interest form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Q6. As a researcher you are expected to follow ABAC's code of ethics. Will there be any additional code of ethics followed? If so, provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Q7. Name and location of external organization(s) providing research participants (attach letter(s) of cooperation)	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
	Q8: Does the study present more than minimal risk to the participants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Q9: If the research project can be described by one or more of the following categories, check all that apply: Category 1 – Educational Purposes Category 2 – Educational Tests, Surveys, Interviews, Public Observations Category 3 – Elected or Public Officials Category 4 – Research with Existing Data Category 5 – Public Benefit or Service Programs Category 6 – Taste Tests Category 7 – Storage or maintenance for secondary research for which broad consent is required Category 8 – Secondary research for which broad consent is required	<input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3 <input type="checkbox"/> Category 4 <input type="checkbox"/> Category 5 <input type="checkbox"/> Category 6 <input type="checkbox"/> Category 7 <input type="checkbox"/> Category 8
	<i>Answer questions 10-18 in one document, attached to this application form. See Instructions for Completing ABAC IRB Application for Use of Human Participants in Research for more details. Be sure to include any additional documents as required.</i>	
	Q10. Selection of Participants and Voluntariness: Attach a description of participants and any relevant documents.	<input type="checkbox"/> Included in attached document
Q11. Informed Consent or Parental Permission/ Child Assent: Attach a description of how you will implement the informed consent process and any relevant documents.	<input type="checkbox"/> Included in attached document	

	Q12. Compensation: If applicable, attach a description of any compensation offered to participants, alternatives for non-participants, and any relevant documents.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
	Q13. Deception: If applicable, attach a description of how deception will be used and why.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
	Q14. Research Protocol: Describe the specific procedures that relate to the participants' involvement.	<input type="checkbox"/> Included in attached document
	Q15. Privacy and Confidentiality: Will participants' information be identifiable or confidential? How will participant information be protected?	<input type="checkbox"/> Included in attached document
	Q16. Risks: Describe all potential physical, psychological, social and /or economic risks to participants and precautions taken to minimize these risks.	<input type="checkbox"/> Included in attached document
	Q17. Benefits: What benefits will this project bring to participants and/or to science or society?	<input type="checkbox"/> Included in attached document
	Q18. Prior Research: Have you conducted research related to this study? If so, please attach a discussion.	<input type="checkbox"/> Attached <input type="checkbox"/> N/A
SECTION IV	<p>Training Requirements: ABAC requires all researchers, co-investigators, key personnel, including unaffiliated investigators, students and faculty advising student researchers to complete human subjects research training within the CITI environment. Co-investigators from other institutions are not required to complete this <u>if</u> they have a certificate of human subjects research training completion from their own federally assured IRB. All applicants must attach a copies of human subjects research training certification(s) to this application. Please visit: https://about.citiprogram.org/en/series/human-subjects-research-hsr/</p> <p>If your study involves protected populations, conflict of interest or online surveys, complete the corresponding CITI module and provide evidence of the same in your application. A sampling is listed below. Please contact the Office of Sponsored Programs with questions.</p>	
	Study population targets/topics of concern	Additional CITI Modules Required if needed for investigator's study
	Prisoners	<input type="checkbox"/> Research with Prisoners
	Minors (under the age of 18)	<input type="checkbox"/> Research with Children
	Public School Children	<input type="checkbox"/> Research in Public Elementary and Secondary Schools

	Individuals outside the United States	<input type="checkbox"/> International Research
	Individuals surveyed using online methods	<input type="checkbox"/> Internet-Based Research
	Identifying if an interest or relationship may result in a conflict of interest and determining when to report them	<input type="checkbox"/> Conflicts of Interest in Human Subjects Research
	What to do and how to report when unanticipated problems occur during your research project	<input type="checkbox"/> Unanticipated Problems and Reporting Requirements in Social and Behavioral Research

CERTIFICATION AND REQUIRED SIGNATURES

Please review the statements below and sign. Electronic signatures using Acrobat Pro are acceptable, as are printed/scanned signatures. Attach additional signature pages if necessary. Applications without all required signatures will not be reviewed.

Statement of Responsible Researcher(s):

I certify that I have completed required training regarding human participant research ethics and am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks.
I will adhere to the policies and procedures of the ABAC Institutional Review Board (IRB).
I will not initiate this research project until I receive written exemption or approval from the IRB.
I will not involve any participant in the research until I have obtained and documented his/her informed consent as required by the IRB.
I agree to (a) report to the IRB any unanticipated problems or adverse events which become apparent during the course or as a result of the research and the actions taken as a result, (b) cooperate with the IRB in the continuing review of this project; (c) obtain prior approval from the IRB before amending or altering the scope of the project or the research protocol, and (d) maintain documentation of consent and research data and reports for a minimum of three years and in accordance with approved data retention and procedures and confidentiality requirements after completion of the final report or longer if required by the sponsor of the institution.
I understand that my department chair/unit director/ faculty advisor (if I am a student) will receive a copy of my IRB exemption or approval report.

SECTION V

Signature:

Date:

Signature:

Date:

Signature:

Date:

Statement of Supervising Faculty if Responsible Researcher is a Student:

I certify that I am familiar with the ethical guidelines and regulations regarding the protection of human participants from research risks and have completed training required by the ABAC IRB.
I agree to provide guidance and oversight as necessary to the above named student(s) regarding the conduct of their research.
I will ensure the student's timely requests for protocol modifications and/or continuing reviews, compliance with the ethical conduct of human participant research, and the submission of the final report.
I understand that an IRB protocol cannot be closed until final report is submitted, and I agree that, if the student(s) fail to complete a final report, I will be responsible for timely completion and submission of the report.

Signature:

Date: