

Clark Atlanta University  
IRB Application  
Cover Sheet

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- If Requesting Exempt Status Check Box and Complete Cover Sheet, Part I and Part II  
 If Requesting Non-Exempt Status Check Box and Complete Cover Sheet and Part II  
Please check off or provide details on the following (if not applicable, please enter N/A)

Principal Investigator Name: \_\_\_\_\_  Faculty/Staff  Graduate Student  
Department \_\_\_\_\_ Campus Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Name of Research Advisor/Committee Chair if Graduate Student: \_\_\_\_\_  
Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Funding Agency: \_\_\_\_\_

Objective Estimate of Risk to Subject:  None  Low  Moderate  High  
 Existing Documents  Existing Specimens Total Number of Participants (Est.) \_\_\_\_\_

Gender of subjects:  Female  Male  Both Age (Range) \_\_\_\_\_

**Source of Research Subjects:**

- Subject Pool ( \_\_\_\_\_ )  
 AUC Students  
 Community  
 Prisons  
 School Teacher/Administrator  
 Other Please Specify \_\_\_\_\_

**Subject Recruitment:**

- Person to Person Contact  
 Telephone Solicitation (Attach a phone scrip)  
 Newspaper Ad (Attach a copy)  
 Posted Notices (Attach a copy)  
 Letter (Attach a copy)  
 Other (Describe) \_\_\_\_\_

Compensation Yes  No  (Attach payment schedule with dollar amounts)  
Research/Course Credit Yes  No  Deception Credit Yes  No  (Attach debriefing form if yes)

<p><b>Will Video <input type="checkbox"/> or Audio tapes <input type="checkbox"/> be used?</b> <b>If yes, answer the following:</b> Retained Yes <input type="checkbox"/> No <input type="checkbox"/> Length of Time Retained _____ Destroy/Erase Yes <input type="checkbox"/> No <input type="checkbox"/> Other (explain) _____ Use specified in consent form? Yes <input type="checkbox"/> No <input type="checkbox"/> Designate who will use or have access to tapes: _____</p>	<p><b>Provisions for Confidentiality/Anonymity I</b> <input type="checkbox"/> Replies Coded <input type="checkbox"/> Secure Storage <input type="checkbox"/> Anonymous Response OR <input type="checkbox"/> Confidential Response <b>(Cannot be both anonymous &amp; confidential)</b></p>
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**Invasive or Sensitive Procedures:** Yes  No

- Blood Samples  Urine Samples  
 Physical Measurements (electrodes, etc.)  Stress Exercise  
 Other (Specify) \_\_\_\_\_  Review of Medical/Pysch. Records  
 rDNA

**Sensitive Subject Matter:** Yes  No

- Alcohol, Drugs  
 Depression/Suicide  
 Learning Disability  
 Abortion, AIDS/HIV, Sex  
 Psychological Inventory  
 Other please specify \_\_\_\_\_

Location Where Signed Consent Forms Will be Filed: \_\_\_\_\_  
(Consent forms must be kept on file for three (3) years after the successful close-out of the project). *(It is best to keep the forms in a campus office in a locked file cabinet.)*

Do you have any relationship with any or all of the subjects, other than your investigator role? Yes  No   
If "Yes," you must explain in the source of subjects section; explain how you will avoid any type of coercion.

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## PART I: CERTIFICATION OF EXEMPTION

Researcher and Faculty Sponsor (for student researchers)

**Department** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Project Title** \_\_\_\_\_

*This is a Request for Exemption from the full review by the Institutional Review Board (IRB).* (Check and initial all applicable conditions, sign below and provide protocol of research design.)

I certify that the project identified above, which involves the use of human subjects, qualifies as exempt from full IRB review and approval because it meets the criteria (ion) specified below:\*

_____ Initials	(1) The research will be conducted in established or commonly established settings, involving normal education practices. For example: (a) Research on regular and special educational instructional strategies; (b) Research on effectiveness of instructional techniques, curricula or classroom management techniques.
_____ Initials	(2) The research involves use of education tests ( <input type="checkbox"/> cognitive, <input type="checkbox"/> diagnostic, <input type="checkbox"/> aptitude, <input type="checkbox"/> achievement), and the subject cannot be identified directly or through identifiers with the information.
_____ Initials	(3) The research involves survey or interview procedures, in which: (a) Subjects cannot be identified directly or through identifiers with the information; (b) Subject's responses, if known, will not place the subject at risk of criminal or civil liability or be damaging to the subject's financial standing or employability; (c) The research does not deal with sensitive aspects of subject's own behavior (illegal conduct, drug use, sexual behavior or alcohol use);
_____ Initials	(4) The research involves the observation of public behavior, in which: (a) The subjects cannot be identified directly or through identifiers; (b) The observations recorded about an individual could not put the subject at risk of criminal or civil liability or be damaging to the subjects financial standing or employability; (c) The research does not deal with sensitive aspects of the subject's behavior (illegal conduct, drug use, sexual behavior or use of alcohol). (d) The research involves survey or interview procedures with elected or appointed public officials, or candidates for public office.
_____ Initials	(5) The research involves collection or study of existing data, documents, records, pathological specimens or diagnostic specimens, or which: (a) The sources are publicly available; or (b) The information is recorded such that the subject cannot be identified directly or indirectly through identifiers

I certify that the project will not be changed to increase the risk or exceed the exempt condition(s) without filing an additional or application for approval by the IRB.

\_\_\_\_\_  
 Signature: Researcher                      Date                      Signature: Faculty Sponsor (if researcher is a student)                      Date

\_\_\_\_\_  
 Signature: Department Chair                      Date

**Do not write below this line.**

Approval: \_\_\_\_\_ Approval Date: \_\_\_\_\_  
 Begin Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 IRB Approval Number: \_\_\_\_\_ Agency Number: \_\_\_\_\_  
 Pending: \_\_\_\_\_ IRB Review Date: \_\_\_\_\_  
 Earliest Resubmittal Date: \_\_\_\_\_ Internal Control No. \_\_\_\_\_  
 Disapproved: \_\_\_\_\_ Disapproved Date: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

**NOTE: Any research conducted before the approval date or after the end of data collection date shown above is not covered by IRB approval, and cannot be retroactively approved. All approved protocols must be evaluated on a yearly basis. Submit your protocol in time to be approved before the anniversary of your expiration date.**

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## PART II: PROTOCOL

I have read the Belmont Report, "Ethical Principles and Guidelines for the Protection of Human Subjects of Research" and subscribe to the principles it contains. In light of this Declaration, I present for the Board's consideration the following information, which will be explained to the subject about the proposed research:

Principal Investigator Name: \_\_\_\_\_  Faculty/Staff  Graduate Student

CAU Internal Control No: \_\_\_\_\_

Department \_\_\_\_\_ Campus Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Research Advisor/Committee Chair if Graduate Student: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Project Title: \_\_\_\_\_

Funding Agency: \_\_\_\_\_

Funding Agency \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Funding Agency \_\_\_\_\_ Funding Agency \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Funding Agency \_\_\_\_\_ Funding Agency \_\_\_\_\_

Contact Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 1. SELECTION AND SOURCES OF SUBJECTS

## **2. EXPERIMENTAL PROCEDURE**

## **3. RISKS AND BENEFITS TO SUBJECTS**

**4. SIGNATURE ASSURANCE:**

Principal Investigator/Graduate Student Assurance Statement:

I understand Clark Atlanta University's policy concerning research involving human subjects and I agree:

- 1. To accept responsibility for the scientific and ethical conduct of this research study;
- 2. To obtain prior approval from the Institutional Review Board before amending or altering the research protocol or implementing changes in the approved consent form;
- 3. To immediately report to the IRB any serious adverse reactions and/or unanticipated effects on subjects which may occur as a result of this study;
- 4. To complete, on request by the IRB, the Continuation/Final Review Forms.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_

**Faculty/Research Advisor's Assurance Statement:**

I certify that I have read and agree with this proposal, that the PI has received adequate training to perform this research, and will receive adequate supervision while performing this research.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_

**If the principal investigator is completing this project to meet the requirements of a Clark Atlanta University academic program, both the student's faculty/research advisor and the departmental head should sign the Signature Assurance Sheet.**

**\*Department Head**

This is to certify that I have reviewed this research protocol and agree that the research activity is within the mission of the Department and appropriate for the responsibilities and assigned duties of the principal investigator.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPED NAME: \_\_\_\_\_

**If the principal investigator is also the Head of the department, the Dean of the School or equivalent should sign the Signature Assurance Sheet.**