INSTRUCTIONS FOR COMPLETING THE IRB APPLICATION:

1. Complete form and obtain all signatures.

2. Include consent form or cover letter.
   - If you are conducting a brief survey or an interview (e.g., 10-15 items of an innocuous nature), model your informed consent after the short version.
   - If you are conducting a full-scale study (e.g., lengthy questionnaire, experimental manipulation, etc.), please model your informed consent after the long version.

   *Note: Long consent form/cover letter needs to be on La Sierra University letterhead.

3. Include copies of questionnaires or testing materials.

4. Take completed application to the IRB Chairperson, Ambs Hall – Psychology #106.

5. If you have any questions, please contact In-Kyeong Kim at (951) 785-2542 or email her at: jkim@lasierra.edu.

   *NOTE: Incomplete applications will be returned un-reviewed!
La Sierra University
Institutional Review Board
Application for Research Using Humans

Title of Project:__________________________________________________________

Applicant’s Full Name:_________________________________ Dept._______________

Address:________________________ City:____________ State:_______ Zip__________

E-mail:________________________ Phone:____________________ Fax:_______________

Faculty Sponsor (for student projects): ___________________ Dept:_______________

E-mail:________________________ Phone:____________________ Fax:_______________

Dates of Entire Project Period from__________________________ to ________________

SECTION I  (Descriptions may be attached as a single page )

Short Description of Purpose of Study:

Short Description of Procedures:

What are you planning to do with your research findings?
SECTION II

1. For evaluation of your project, indicate by an X whether any of the following are involved:

☐ Volunteers
☐ Students as subjects
☐ Trainees as subjects
☐ Minor subjects (less than 18 years)
☐ Subjects whose major language is not English
☐ Psychology Subject Pool
☐ Questionnaires
☐ Data banks, data archives and/or medical records

☐ Interviews
☐ Mentally retarded subjects
☐ Mentally disabled subjects
☐ Prisoners, parolees, or incarcerated subjects.
☐ Filming, video or voice-recording
*Specify by circling one.

☐ Patients as subjects
☐ Subjects to be paid

2. How many subjects are expected to participate? _____________________________

3. How will you obtain subjects? _____________________________________________

4. Where will the research be conducted? ______________________________________

5. Will anyone, besides you, have access to the original data you are going to collect? Yes / No

   If Yes, please describe the person(s) and their role in your project.
   _______________________________________________________________________
   _______________________________________________________________________

6. How long will it take each subject to complete the study? _________________________

7. Estimate the magnitude of risks the subject assumes by entering this study.

   None _________  Minimal _________  Moderate _________

8. If more than “none” list the risks that might result from this study.________________________

   _______________________________________________________________________

9. List any benefits or compensation to subjects. ________________________________

   _______________________________________________________________________

10. State source of funding for this project. _______________________________________

11. Will your study involve children? Yes / No ________________________________
SECTION III

To determine eligibility for exempt status, please answer the following questions:

1. Will your research be conducted in an educational setting: Yes / No
   
   Does it involve (check any appropriate):
   
   a. Regular or special education instructional strategies Yes / No
   
   b. Study of effectiveness of or comparison among instructional techniques, curricula, or classroom management methods. Yes / No

2. If a questionnaire or test will be used, is this one you have developed? Yes / No
   
   If No, give name of test ____________________________ If Yes, please attach copy.

3. Will the name of the subject be attached to any data? Yes / No
   
   Can responses be linked to subjects through identifiers? Yes / No

4. Will your research involve a questionnaire, interview, or both?____________________
   (If instruments will be used, please attach a copy of each to your protocol.)
   
   a. Can responses be identified, directly or through identifiers to subjects? Yes / No
   
   b. Can the subject’s responses, if known outside of study, place the subject at risk of criminal or civil liability or be damaging to the subject’s financial standing or employability? Yes / No
   
   c. Does the research deal with sensitive issues such as illegal conduct, drug use, sexual behavior or use of alcohol? Yes / No

5. Will you observe public behavior? Yes / No
   
   a. Can subject be identified from recorded data? Yes / No
   
   b. Can the observations, if known outside of the study, place the subject at risk of criminal or civil liability or be damaging to the subject’s financial standing or employability? Yes / No
   
   c. Does the research deal with sensitive issues such as illegal conduct, drug use, sexual behavior or use of alcohol? Yes / No

6. Does the research involve existing data and records publicly available? Yes / No
7. Is the research a demonstration project conducted by or approved by the Department of Health and Human Services, the Social Security Act or other public benefit or service program?  Yes / No

SECTION IV

1. Please state ages of children involved, if any ____________________________

2. If research observes public behavior, will you be a participant in the activities?  Yes / No

SECTION V

Please include informed consent form with this application. If your research does not use a written consent, please indicate how you will obtain participant consent.

In case of research involving children include both forms used to solicit the assent of the children and the permission of their parent(s) and/or guardian(s).

“I accept responsibility for the factual content of this report and will be available for discussion if additional questions are raised.”

Applicant’s Signature ____________________________ Date ______________

Faculty Sponsor (if student project) ____________________________ Date ______________

Department Chair Approval ____________________________ Date ______________
(If applicant is Department Chair, Immediate Supervisor or Senior Faculty signature is required)

IRB Chair Exempt Approval ____________________________ Date ______________

IRB Chair Expedited Approval ____________________________ Date ______________

IRB Full Committee Approval ____________________________ Date ______________

Revised 10/13