For RRB use Only

For RRB Use Only:

RRB ref. number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cover Page

APPLICATION FOR RESEARCH INVOLVING HUMAN SUBJECTS

IN BIOMEDICAL, BEHAVIORAL, OR EDUCATIONAL RESEARCH

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

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Sponsor (for student research only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We, the undersigned, approve this research as appropriate to the mission of our departments, colleges, and Southwest Baptist University.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Sponsor (only for student research) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair Signature Department Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Signature College Date

***THIS FORM IS FOR RRB USE ONLY***

RRB RESEARCH REVIEW DETERMINATION

\_\_\_\_ Exempt from Review (Chair RRB)

\_\_\_\_ Expedited Review (RRB Subcommittee)

 Chair, please list names of the subcommittee:

\_\_\_\_ Full RRB Review (Full RRB Committee)

RRB RESEARCH APPROVAL DETERMINATION

\_\_\_\_ Disapproval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Conditional Approval\* (circle A or B) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 A. Approval, subject to minor change

 B. Approval in general but requiring major alterations, clarifications or assurances

 (\* Data collection cannot begin until Full Approval is given by the RRB Chair)

\_\_\_\_ Full Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMMENTS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair, Research Review Board Date

 APPLICATION FOR RESEARCH INVOLVING HUMAN SUBJECTS

IN BIOMEDICAL, BEHAVIORAL, OR EDUCATIONAL RESEARCH

Please Type

1. Principal Investigator (PI) Name:

 Co-Investigator(s):

 Department or Program:

 Phone where PI can be contacted:

 Email where PI can be contacted:

 Additional contact info (such as cell phone or fax number):

2. If you are a student, provide the following:

 Faculty Sponsor:

 Department:

 Phone:

 Email:

3. Title of Project:

4. Type of Research (Check One)

Class Research Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Honors Capstone Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Education Action Research Project \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Masters Thesis \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Specialist \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctoral Dissertation \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty/Staff Scholarship \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If this research is approved what do you anticipate to be the

 Total project period? From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Has this project previously been considered by the RRB? Yes \_\_\_\_ No \_\_\_\_\_

 If yes, give approximate date of previous review:

7. **ONLY FOR GRANT FUNDED RESEARCH**

 Is a proposal for a grant or other external support being submitted? Yes \_\_\_\_ No \_\_\_\_

***If yes***, you must submit one copy of that proposal as soon as it is available and complete the following:

1. Is notification of Human Subject approval required by the granting agency? Yes \_\_\_\_ No \_\_\_\_\_

 b. Is this a renewal grant application? Yes \_\_\_\_ No \_\_\_\_\_

 c. Grant Sponsor’s Name:

8. In your judgment, does your research fall under the EXEMPT, EXPEDITED, or FULL categories listed in the RRB Guidelines and Application for Research Involving Human Subjects? See the faculty guidelines pp. 46-47. (<http://www.sbuniv.edu/academics/academic-resources/research-review-board.php>)

 \_\_\_\_\_ EXEMPT

 \_\_\_\_\_ EXPEDITED

 \_\_\_\_\_ FULL

If you believe this research falls under EXEMPT or EXPEDITED categories, indicate the number of the category under which you are claiming an exemption or expedited review:

9. Does this research involve any of the following vulnerable populations as participants?

Children, adolescents, or college students (under age 18) Yes \_\_\_\_\_ No \_\_\_\_\_

College students over age 18 Yes \_\_\_\_\_ No \_\_\_\_\_

Athletes Yes \_\_\_\_\_ No \_\_\_\_\_

SBU faculty or staff Yes \_\_\_\_\_ No \_\_\_\_\_

Prisoners Yes \_\_\_\_\_ No \_\_\_\_\_

Pregnant Women Yes \_\_\_\_\_ No \_\_\_\_\_

People who are physically or mentally ill Yes \_\_\_\_\_ No \_\_\_\_\_

10. **Checklist of materials**

 Please indicate whether you have included the following materials or the materials are Not Applicable to your research. ***Please note, if applicable materials are not included, the proposal will not be sent out for review***.

Questionnaire/Interview/Survey/Testing instruments Yes \_\_\_\_\_ N/A \_\_\_\_\_

Protocol/Description of exercises or intervention

 with patients or clients (may include pictures) Yes \_\_\_\_\_ N/A \_\_\_\_\_

Informed Consent Form(s) for adult participants Yes \_\_\_\_\_ N/A \_\_\_\_\_

Assent Forms for participants under age 18 Yes \_\_\_\_\_ N/A \_\_\_\_\_

Parental Permission Forms for minors Yes \_\_\_\_\_ N/A \_\_\_\_\_

Examples of Recruiting materials Yes \_\_\_\_\_ N/A \_\_\_\_\_

 (flyers, letters, emails, etc.)

Letters of Approval from cooperating institutions Yes \_\_\_\_\_ N/A \_\_\_\_\_

 (schools, medical clinics, etc.)

Letters of support or approval from other Yes \_\_\_\_\_ N/A \_\_\_\_\_

 Institutional Review Boards

Copy of external support proposal (grant) Yes \_\_\_\_\_ N/A \_\_\_\_\_

**Proposed Research Project**: Please type your answers to the following questions and provide supporting documents in appendices.

A. **Background:** Provide a brief description of the proposed research. Include major hypotheses (or research question), research design and a brief review of the literature supporting your position.

B. **Participant Selection:** Describe the source(s) of study participants and the selection criteria. Specifically where will you obtain the names of potential participants and how will you contact them?

C. **Informed Consent:** Describe the consent process and attach all consent documents.

 See “What does the RRB Look For?” online at [www.sbuniv.edu/academics/academic-resources/research-review-board.php](http://www.sbuniv.edu/academics/academic-resources/research-review-board.php).

D. **Procedures:** Provide a step-by-step description of each procedure, including the frequency, duration, and location of each procedure. Attach copies of surveys or other research materials as appropriate.

 *(Note: additions or changes in procedures involving human subjects as well as any problems connected with the use of human subjects once the project has begun must be brought to the attention of the RRB).*

E. **Confidentiality:** How will you keep participants’ information private? How will confidentiality of the data be maintained once it is collected?

F. **Risks:** Describe all known and anticipated risks to the subject including physical, mental, social, spiritual, financial risks, side effects, risks of placebo, risks of normal treatment delay, etc.

G. **Benefits:** Describe the anticipated benefits to subjects, and the importance of the knowledge that may reasonably be expected to result.