

Connecticut College

**RESEARCH APPLICATION REVIEW FORM**  
For Human Subjects Institutional Review Board (*IRB*)

**Researcher Name** \_\_\_\_\_

E-mail: \_\_\_\_\_

Box No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

*Signature of Faculty Supervisor:*

\_\_\_\_\_

**Committee Action:** \_\_\_\_\_

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

**IRB Comments:**

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**TYPE OF RESEARCH:**

- Honors Study
- Masters Thesis
- Individual Study
- Course-related project
- Faculty project
- Other

**COMMITTEE MEMBERS (2010-2011):**

Jason Nier (*Chair*)

Michel Belt

Santiba Campbell (Spring 2011)

Michelle Dunlap

Cherise Harris

Audrey Zakriski

Please fill out the following form for research plans that involve the use of human participants and **submit the completed form to the *Human Subjects Institutional Review Board*** (Professor Nier, IRB Chair) *before the research is begun*. The purpose of the form is to bring to the attention of the **IRB** research plans that may involve ethical issues in the use of human participants.

**1. Title of Research Project:**

2. **Attach an overview** of your research proposal, including your hypotheses. All instruments (e.g., surveys, interviews) to be used in the study are to be included in an Appendix. A complete description of the procedure, including exactly what the subjects will experience, should be included. Include an explicit statement concerning ethical issues that may be involved in the research plan. Also submit an outline of your plan for debriefing subjects and include your debriefing statement to subjects.

3. Other investigators (including name, position, and department):

4. Project period:

5. Name of external sponsoring agency (if applicable):

6. Does your research project involve any data covered by the Health Insurance Portability and Accountability Act (*HIPAA*)? YES NO If yes, what steps are being taken to de-individuate and safeguard the data?

7. Project application status: New \_\_\_\_\_ Renewal \_\_\_\_\_

8. Does your research project involve any of the following:

Yes	No	
_____	_____	participants under the age of 18
_____	_____	covert observation
_____	_____	studies of ethnic and other group differences
_____	_____	intervention research
_____	_____	use of deception
_____	_____	invasion of privacy
_____	_____	aversive (noxious) stimulation
_____	_____	induction of mental or physical stress or deprivation (e.g., food, water, sensory, sleep)
_____	_____	invasive procedures (e.g., drugs, blood samples, surgery)
_____	_____	potentially embarrassing situations
_____	_____	consent forms
_____	_____	other ethical issues concerning the dignity and welfare of the participants (express below)

For every item marked YES or for "consent forms", a NO, provide a brief description of the precise procedure you plan to follow (unless already clearly stated in Item 2).

(NOTE: Items 9-12 pertain *only* to Psy 101,102 Subject Pool Users.)

9. *Estimated number of minutes* the experiment will take: \_\_\_\_\_ # Minutes

10. *Number of participants* the researcher would like to have and why (i.e., justification):

\_\_\_\_\_ # Participants

*Why?*

11. *Number of sessions* the researcher expects to run: \_\_\_\_\_ # Sessions

12. Whether group is: <sup>(20+)</sup> *large group* <sup>(2-20)</sup> *small group* *individual* (circle one)

Average number of participants in each group: \_\_\_\_\_ # Participants/group

13. If required, training in the protection of human participants has been completed, and certification of that that training is attached to the IRB proposal.

14. Other comments to the IRB:

15. Certifications:

*I certify that the statements herein are accurate and complete. I agree to inform the Connecticut College IRB should there be any changes in the research protocol or if problems arise from this protocol. I accept responsibility for the conduct of this research, the supervision of human participants, and I agree to maintain informed consent documentation as the regulations require.*

\_\_\_\_\_  
Investigator's Name (printed)

\_\_\_\_\_  
Investigator's Signature

\_\_\_\_\_  
Date

**PLEASE SUBMIT TO:** Professor Nier ([janie@conncoll.edu](mailto:janie@conncoll.edu) or Box 5305 — **electronic submissions are preferred**). The Committee Chair will inform you as soon as possible whether it has approved your project or whether additional information or revision is required.