**Category B Instructions for Proposals for Agnes Scott College Faculty/Staff**

**Students of Agnes Scott College wishing to conduct research with human subjects should NOT use this form, but should use Form A for Student Researchers**

1. Complete the basic CITI online training course in human subjects protection relevant for your area of study. Make sure to save your Coursework Requirements Report. All Agnes Scott College affiliates are able to complete CITI courses. Faculty and staff members with equivalent human subjects research certification (such as the NIH certificate) may submit them in lieu of the CITI course.
2. Download and complete this form. Since the form is a Word document, you can add and delete space as needed. Be sure to answer all questions completely. If a question is not applicable, answer “N/A” rather than leaving the question unanswered.

**Shaded check boxes may be selected by double clicking on the appropriate box and choosing “checked” as the “default value” from the dialog box.**
3. Email this form as an attachment, along with consent forms if appropriate, and any other pertinent documents or forms to: irb@agnesscott.edu.

NOTE: Most proposals are considered for one time approval, however, some proposals (often at the institutional level), in which the participants and the questions are largely unchanged from year to year, will be considered for longer term approval, for up to 3 years. If your proposal merits longer term approval, please describe briefly how many times you would like to be able to administer the survey, and for what period of time. Also, describe how the nature of your study merits longer term approval. **Investigator**

Name:

Campus Address:

Phone #:

Email:

CITI Coursework Report # (if submitting an equivalent certification, please name agency, certificate number, and completion date):

**Project**

Title:

Anticipated Starting Date:

Anticipated Completion Date:

State the purpose/objective/aims of your research.

Describe the methods of data collection and record-keeping. Attach copies of all surveys, interview schedules and questions, or other pertinent documents.

**Participants** (double click on the appropriate boxes and choose “checked” as the default value)

[ ]  Children/minors (under 18 yrs old)

[ ]  Adults

[ ]  Pregnant Women, Fetuses or Neonates

[ ]  Institutionalized persons (e.g. prisoners)

[ ]  Cognitively impaired persons (e.g. with cognitive, psychiatric, or developmental disorders, or under the influence of alcohol or drugs).

[ ]  Other:

* Institutional affiliation of participants
* Anticipated number of participants
* How will participants be recruited?
* Describe participant incentives, if any.
* Describe possible emotional, physical, or other risks to participants, if any. “Risk” is defined as the probability of physical, psychological, social or economic harm or injury as a result of participation in a research study. “Minimal risk” is when the probability and magnitude of harm or discomfort in the research are not greater, in and of themselves, than those ordinarily experienced in daily life or during the performance of routine physical or psychological examinations or tests.
* Describe benefits for participants, if any.
* Describe deception with participants, if any. Withholding details about the specifics of one’s hypothesis **does not** constitute deception. However, misleading participants about the nature of the research question or about the nature of the task they will be completing **does** constitute deception
* If your project study includes deception, please describe the **process** you will use, **why the deception is necessary**, and a **full description of your debriefing procedure**s.

**Voluntary Participation & Protection of Identity**

(Note: this section does NOT apply to unobtrusive observation of public behavior)

* For research involving participants who are minors (under the age of 18), will permission be obtained from the parents/guardians?

[ ]  N/A Participants will not be minors

[ ]  Yes Please attach parental consent form.

[ ]  No Please explain why not

* How will you document informed consent? For explanation, see “Prepare an Informed Consent Form” on the IRB website. Check all that will apply.

[ ]  Signed consent form. Include consent form with this application as a separate attachment.

[ ]  ‘Click’ consent for an on-line survey. Include the on-line survey with this application as a separate attachment.

[ ]  Consent statement to accompany anonymous paper survey. Include your survey with this application as a separate attachment.

[ ]  Oral consent (please explain the reason below)

[ ]  I will not be documenting consent (please explain why below)

* Will information be collected that allows you or others to identify the human subjects?

[ ]  No All information will be collected anonymously.

[ ]  Yes Explain how you will protect the confidentiality of the individual participants.

* What do you intend to do with your data or results? Who will have access to your data? Do you plan to present, publish, or otherwise distribute information about your research findings? Explain.

Proposal #: B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For IRB use only:

\_\_\_\_\_Approved \_\_\_\_Approved with revisions \_\_\_\_\_\_\_Not Approved

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Print Chair’s Name Chair’s Signature Date