This Research Protocol Approval Form must be completed for all Paine College faculty and student research that involves human subjects. Additional material(s), as described below, must be attached to this form at the time it is submitted to the Committee on Research or Grants Affecting Human and Animal Subjects/Institutional Review Board.

In ALL cases, RESEARCH MAY NOT PROCEED until authorized by the Committee. You will be notified of the action of the Committee following the receipt of an electronic copy and one original hard copy of this form and all required supplementary information (see below). ALL SIGNATURES MUST BE OBTAINED PRIOR TO SUBMISSION.

ONLY TYPEWRITTEN FORMS WILL BE ACCEPTED.

HUMAN SUBJECTS RESEARCH PROTOCOL APPROVAL FORM

1. **Title of research**_____

2. **Name of researcher(s)**_____ **Department**_____

3. **Address**_____ **Home phone**_____

   Email Address_____

4. **Name of Faculty Advisor(s)**_____**Email Address** _____

5. **Duration of Project**: **From**_____ **To** _____

6. **Check one:** ☐ **Faculty Research** ☐**Student thesis** ☐ **Other (specify)** _____

   Course prefix and number Course title _____

7. **Check one:** ☐**Unfunded** ☐**Funded**
   If funded, provide the name of the funding agency and the date that it was or will be submitted.

   Funding Agency:_____

   Date: _____

8. History of Protocol: ☐ **New Application** ☐ **Renewal of Previously Approved Application**

If this is a renewal, indicate the initial Approval Date:_____

9. Does this protocol contain modification(s) from a previously approved protocol?

☐ **Yes (explain below)** ☐ **No** ☐ **N/A**

10. Are copies of any questionnaire(s), survey instrument(s) and/or interview schedule(s) referred to in this protocol statement attached? ☐ **Yes** ☐ **No,** ***if you indicate "no" you must explain why.***

11. Is a draft of the Informed Consent Form(s) attached? ☐ **Yes** ☐ **No,** ***if you indicate "no" you must explain why.***

13. Is a letter of permission attached?

☐ **Yes** ☐ **No** ☐ **N/A**

If you are using a facility other than Paine College to conduct your project or recruit your subjects (church, hospital, school, etc.), you must obtain a letter of permission on letterhead from that facility. The letter must be signed by someone who can authorize these activities, e.g., a principal, director, etc.

14. Describe the qualifications and training of the principal investigator(s). (e.g. NIH training http://phrp.nihtraining.com/users/login.php, Research Methods Class, Research Experience)

15. SIGNATURES: If you are a student, you must obtain the signature of your faculty advisor and you must sign the Protocol Approval Form. If you are a faculty member, please sign the line indicating the signature of Faculty Researcher or Student Advisor.

Faculty signature on this Protocol Approval Form indicates that:

- **You are familiar with the guidelines for Research or Grants Affecting Human and Animal Subjects.**
- **You have reviewed this Protocol Approval Form and accompanying documentation and the manner in which human subjects will be involved in this study.**

Signature of Student Investigator (s):

_____

DATE

Signature of Faculty Researchers and/or Student Advisor:

_____

DATE

Submit form and attachments to: ~~Dr. C.R. Nair,~~ Attn: Institutional Review Board, ~~Department of Mathematics, Sciences, and Technology~~, Paine College 1235 15th Street, Augusta, GA, 30901or IRB@paine.edu;706.821.8384

PROJECT INFORMATION

In the spaces below, please provide a detailed description of your project, including a clear statement of your hypothesis and all procedures and methodology. (More space is provided at the end of the application if needed.)

> In addition to the abstract, the PI **must** attach any assessment or measurement tool (e.g., survey, interview protocol, tests) that will be given to subjects to collect data. The only exceptions to this are educational measurement tools (such as state mandated achievement tests) that are part of the normal classroom evaluation of subjects.

1. State the problem and purpose of your study/ aims and objectives.

2. Give a detailed description of the method used in the research / how will the research be conducted? What will participants be asked to do (be specific)? How long will the participants be involved in the study? How long will interview/survey sessions take?

3. Describe the projected outcomes and/or your hypothesis(es).

4. Describe the significance of your project to your discipline, department, school, university, community, etc,. What are the potential benefits of the study?

5. Subject Population:

A. Do the subjects include any of the following (please check all that apply)?

☐ Minors ☐ Aged ☐ Mentally Disabled

☐ Pregnant Women ☐ Prisoners ☐ Paine College Students

☐ Paine College Employees

Age Range:_____ Number of Subjects: _____

B. Please state the criteria for inclusion as a participant in this research project.

C. How will subjects be initially contacted? State specifically.

D. Will the subjects receive monetary rewards for the study? Also, attach a flyer if one is being distributed to potential participants. ☐ **Yes, explain below.** ☐ **No**

E. Will the subjects be charged for any research related procedures? ☐**Yes, explain below.** ☐**No**

6. Human Subject Risks:

A. This section is to determine whether or not the subjects involved in the proposed research are at risk. Please answer the following questions by indicating yes or no.

		Yes	***No***
1.	Are subjects under 18 years of age involved?	☐	☐
2.	Is there involvement of a special minority (hearing impaired, blind)? Please Specify.	☐	☐
3.	Is there a possible invasion of privacy of subject or family that includes use of personal records or information?	☐	☐
4.	Any probing information which an individual might consider personal or sensitive (use of drugs or alcohol)?	☐	☐
5.	Any administration of physical stimuli other than auditory and visual stimuli associated with a normal classroom situation?	☐	☐
6.	Are materials presented which might be considered offensive or degrading?	☐	☐
7.	Is there manipulation of psychosocial variables (social isolation, psychological stressors)?	☐	☐
8.	Is there deprivation of physiological requirements (sleep deprivation, nutrition)?	☐	☐
9.	Is there a requirement of physical exertion beyond a normal classroom situation?	☐	☐
10.	Other: If "Yes", please describe.	☐	☐

B. What precautions have been taken to minimize human subject risk? Describe in detail.

7. Confidentiality of Data:

	Yes	*No*
1. Will any data that identify individual subjects be available to the Principal Investigator?	☐	☐
2. Will any data that identify individual subjects be available in the final report?	☐	☐
3. Will any data that identify individuals be made part of a permanent record?	☐	☐
4. Will whether or not a subject participates in the study be made a part of any permanent record available to an employee or supervisor?	☐	☐

A. What steps will be taken to ensure the confidentiality of the data? Check the box for all that apply and explain if necessary.

☐Password protected computer files

☐Locked file cabinets

☐Locked offices

☐Identification code (i.e., code numbers, pseudonyms) –data NOT be associated with personal identifiers

☐Other – Please explain.

B. What will happen to the research records when the research has been completed?

☐Stored indefinitely with identifiers removed.

☐Stored for a length of time required by federal regulations/funding source and then destroyed (minimum of 3 years).

☐Destroyed after a number of years (minimum of 3 years) – Specify the number of years:

☐Other – Please explain

C. Recordings – Audio, Video, Photographs

Will any type of recordings (audio or video) or photographs be made during this study?

☐**Yes**

☐**No**

D. Computer / Internet

Will any participant interaction in this study be conducted on the Internet or via email (e.g. on-line surveys, observations of chat rooms or blogs, on-line interview)?

☐**Yes**

☐**No**

8. Minimal Risk:

If you answered **no** to **ALL questions in sections 6 or 7**, complete this section and sign. This indicates that the Principal Investigator certifies that **minimal risk** is involved.

> I _____certify that the information furnished concerning the risk to human subjects is correct and that the research to be conducted by _____ presents the participants with no more than **minimal risk**. I will seek and obtain approval from the Committee on Research or Grants Affecting Human and Animal Subjects/Institutional Review Board if modification to the proposal is required. I will report promptly any unexpected or otherwise significant adverse effects in the course of the study. I agree to follow the procedures that safeguard the rights and welfare of human subjects as established by Paine College.

Signature of Principal Investigator (s):

DATE

Signature of Co-Investigator (s):

DATE

For student research, the application must be reviewed and signed by the Faculty Advisor.

Signature of Faculty Advisor (s):

DATE

9. Risk:

If you answered **yes** to **ANY questions in sections 6 or 7** and/or if the Human Subjects Committee determines that risk in involved, complete this section and sign.

> I _____ certify that the information regarding the protection of human subjects is correct. Moreover, I will seek and obtain approval from the Committee on Research or Grants Affecting Human and Animal Subjects/Institutional Review Board if modification to the proposal is required. I will report promptly any unexpected or otherwise significant adverse effects in the course of the study. I agree to follow the procedures that safeguard the rights and welfare of human subjects as established by Paine College.

Signature of Principal Investigator (s):

DATE

Signature of Co-Investigator (s):

DATE

For student research, the application must be reviewed and signed by the Faculty Advisor

Signature of Faculty Advisor (s):

DATE

Additional Space

***Note the section name, number, and/or letter of question for additional response.**

FOR CRGAHAS/IRB USE ONLY

Risk Level:	☐ Minimal Risk	☐ More than minimal risk	
Type of Review:	☐ Full Committee	☐ Expedited	☐ Exempt
Decision:	☐ Approved	☐ Approved With Minor Modifications	
	☐ Revise and Resubmit	☐ Not Approved	