

# Shawnee State University

Study # \_\_\_\_\_

## Full Review Application

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

Name of Principal Investigator	Email Address	Phone Number
_____	_____	_____

Department(s)/Division/Agency \_\_\_\_\_

Name(s) of Co-Investigators:	Email address:	Faculty	Student	Other
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Please place an asterisk by the investigator name(s) whose Training certificate(s) is/are already on file with the IRB, if the certificate is less than 3 years old.

1. Describe the key demographics (age, SES, ethnicity, geographic locations, gender, etc.) of the sample that you wish to obtain.

1a. What is the greatest number of participants that will be recruited? \_\_\_\_\_

1b. How will participants be recruited?

1c. Check the type of populations listed below that will be included in the study.

- \_\_\_\_\_ Children (under the age of 18)
- \_\_\_\_\_ Prisoners
- \_\_\_\_\_ Participants with diminished cognitive ability (unable to provide consent)
- \_\_\_\_\_ Pregnant women and/or fetuses
- \_\_\_\_\_ No vulnerable populations will be included

**Shawnee State University**

Study # \_\_\_\_\_

2. Will participants be remunerated for their participation?                      Yes                      No

2a. If so, how will participants be remunerated? Please indicate the type of remuneration and the amount. For instance, the participants will be given a \$10 Amazon Gift Card for participation or the participants will receive 3% of their final grade in extra credit in their Introduction course.

2b. If participants do not complete the study, will partial or full remuneration be given? Please describe how that will be determined

3. What direct benefits (other than remuneration) exist for the participants who participate?

4. What direct risks could the participants potentially face? Check all that apply.

\_\_\_\_\_ Risk of breach of confidentiality or privacy

\_\_\_\_\_ Risk of coercion by researcher(s)

\_\_\_\_\_ Risk of psychological harm

\_\_\_\_\_ Risk of physical harm

\_\_\_\_\_ Other potential risk: \_\_\_\_\_

4a. Please describe the specific risk(s).

4b. What measures will be taken to limit or minimize the risks?

5. What are the expected benefits of the research to the scientific community or the common good?

6. Does the methodology require that participants be deceived about any aspect of the study?

Yes                      No

6a. If so, please justify the use of deception and describe the debriefing procedures that will be used (Please attach the debriefing form and/or a script of the debriefing information).

7. How will the participants be informed of the risks and benefits of the study?

7a. How will consent be obtained from participants (or their legal guardian)?

7b. Will participants be involved who cannot give legal consent?    Yes        No

7c. If so, how will assent be obtained from the participants?

**Shawnee State University**

Study # \_\_\_\_\_

In submitting this form and the corresponding documents, I acknowledge that I have completed Human Research Participants training and that I understand and will uphold the rights of human participants. I also verify that all information contained in this form and any other corresponding documentation is correct based on my knowledge. I understand that I may not have contact with any research participants until the Shawnee State University IRB has given me their approval. I also understand that I must file an ***Amendment/Modification Form*** if my project extends beyond a year from my approval date and I must file a ***Final Study Form*** with all consent forms once the study is complete.

\_\_\_\_\_  
Signature of Principal Investigator 1\_\_\_\_\_  
Signature of Co-Investigator 2\_\_\_\_\_  
Signature of Co-Investigator 3\_\_\_\_\_  
Signature of Co-Investigator 4\_\_\_\_\_  
Signature of Co-Investigator 5\_\_\_\_\_  
Signature of Co-Investigator 6

Date of Submission: \_\_\_\_\_

*Please compile attachments into one document for each category. If any forms below are not applicable, please attach reasons why.*

Human Research Training Certificates:

Data Collection Questions and Forms:

Research Summary:

Consent Forms:

Assent Forms:

Advertisements:

Revisions Requested Yes No IRB Chair Signature

Date sent for revision (if applicable): \_\_\_\_\_

**Please attach revisions requested with changes clearly marked**

Changes marked

Final copy