Shawnee State University Study

Exempt 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
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐
_____	_____	☐	☐	☐

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

Please place a check mark next to the category that best describes your research. You may check more than one category.

- ☐ Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as (a) research on regular and special education instructional strategies, or (b) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
- ☐ Research involving the use of educational tests (e.g., cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (a) data obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (b) any disclosure of the human subjects' responses outside the research could reasonably place the participants at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation. No videotaping or photography is allowed for data collection. You may not collect data from appointed public officials or candidate for public office.

- ☐ Research involving the collection or study of existing information, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.
- ☐ Research and demonstration projects that are conducted by or subject to the approval of supporting agencies, and which are designed to study, evaluate, or otherwise examine: (a) public benefit or service programs; (b) procedures for obtaining benefits or services under those programs; (c) possible changes in or alternatives to those programs or procedures; or (d) possible changes in methods or levels of payment for benefits or services under those programs.
- ☐ Taste and food quality evaluation and consumer acceptance studies, (a) if wholesome foods without additives are consumed or (b) if a food is consumed that contains a food ingredient at or below the level, and for a use, found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the Food and Drug Administration and approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

Does your research include at least one of the above criteria? Yes No

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

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: _____

If you checked any direct risks in Item 4, then you should complete the "Expedited and Full Review Application."

5. Will the participants be informed of the risks and benefits of the study? Yes No

5a. If so, how will the participants be informed?

5b. Please check each box if the following criteria match your research.

- ☐ The research involves no greater than minimal risk.
- ☐ It is not practicable to conduct the research without a waiver of informed consent or alteration to informed consent.
- ☐ Waiving or altering the informed consent will not adversely affect the subjects' rights and welfare.
- ☐ The consent document would be the only record linking the subject and the research, and the principal risk would come from a breach of confidentiality.

5c. Do you wish to waive the signed informed consent? Yes No

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