



# INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS

## New Proposal Application

### General Instructions:

If you plan to run a research study at Gallaudet University or you are a student, faculty member, or staff member at Gallaudet University, then you will need to go through the IRB. This is a relatively simple process. We are in place to make sure that you have a plan for your research and to ensure the safety of all research participants.

Submission of your materials:

You must submit:

- This application-- See <http://www.gallaudet.edu/irb> for an example
- Brief CVs for all researchers
- A brief research proposal, including the rationale for running your study and the methods for collecting the data
- An Informed Consent Form (if applicable). See [www.gallaudet.edu/Documents/Institutional-Review-Board/Informed-Consent-Form.pdf](http://www.gallaudet.edu/Documents/Institutional-Review-Board/Informed-Consent-Form.pdf) for an example
- A Video Release Form (if applicable). See [www.gallaudet.edu/Documents/Institutional-Review-Board/Video-Release-Form.pdf](http://www.gallaudet.edu/Documents/Institutional-Review-Board/Video-Release-Form.pdf) for an example
- A copy of any instruments, such as questionnaires, interview questions, and etc.
- Approval letters from your IRB (if you are not a member of Gallaudet University)

Submission formats (required to do BOTH):

- Submit a paper copy of all your materials (single-sided) to the IRB office (address above)

**AND**

- Submit an electronic copy of all your materials (MS Word or Adobe PDF) to [IRB@Gallaudet.edu](mailto:IRB@Gallaudet.edu)

If you have any questions or technical issues, then please contact us:

IRB Graduate assistant, Rena Courtney: [IRB@Gallaudet.edu](mailto:IRB@Gallaudet.edu)

IRB Coordinator, Katie Spiegel: [Katherine.Spiegel@Gallaudet.edu](mailto:Katherine.Spiegel@Gallaudet.edu)

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

**Reset**

IRB Project ID #: \_\_\_\_\_

<b>PROJECT INFORMATION</b>			
<b>Project Title:</b> (Use exact title of grant or contract, as applicable)	Linguistics and Professionalism		
	<b>Start Date:</b>	02/22/2017	<b>End Date:</b> 02/22/2018
<b>Principal Investigator:</b>	John Smith		
Address:	Gallaudet University PO BOX #20002 Washington, DC		
Email:	john.smith@gallaudet.edu		
VP:	202-250-1234	Phone:	
University:	Gallaudet University	Department:	Linguistics
Status:	Student		
<b>Co-Investigator:</b>	Jane Doe		
Address:	123 Main Street Alexandria, VA		
Email:	jane.doe@gallaudet.edu		
<b>Primary Contact Person:</b>			
Address:			
Email:			
<b>Gallaudet Sponsor:</b>	Amy Anderson Ph.D		
Department:	Linguistics		
Status:	Faculty		
Email:	amy.anderson@gallaudet.edu		
VP:	202-250-1234	Phone:	

\* If there is any additional co-investigators, please attach additional contact information.

## INVESTIGATOR'S ASSURANCE

1. I certify that the information provided in this application is complete and correct.
2. I understand that as Principal Investigator, I have ultimate responsibility for the conduct of the study, the ethical performance of the project, and the protection of the rights and welfare of human subjects.
3. I agree to comply with all Gallaudet IRB policies and procedures, as well as applicable Federal, State, and Local laws regarding the protection of human subjects/participants in research.
4. I will assure that this study is performed by qualified personnel adhering to the certified protocol.
5. If applicable, I agree to obtain legally effective informed consent from the human subjects.

\_\_\_\_\_  
Signature of Principal Investigator

\_\_\_\_\_  
Date

## FUNDING

Funding Source:	<input checked="" type="checkbox"/> Personal	<input type="checkbox"/> University Department	<input type="checkbox"/> Agency or Fund Specific:
Contract or Grant Title:			
Contract or Grant #:			
Funding Status:	<input type="checkbox"/> Pending	<input type="checkbox"/> Funded	

## COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE PROGRAM (CITI)

Modules that have been taken at CITI – please identify the modules that you have completed and indicate the date of completion, date of expiration, and scores.

Modules	Date Completed	Date Expiration	Scores
Belmont Report (ID: 1127)	05/01/2017		100
Students in Research (ID: 1321)	05/01/2017		100
Conflicts of Interest - Financial (ID: 15070)	05/01/2017		100
Conflicts of Interest - Responsibilities (ID: 1507)	05/01/2017		80

## RESEARCH PROPOSAL INFORMATION

If you need extra space, use additional sheets of paper and attach as a file.

<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Will you be collecting data from or about human participants? (if checked, please answer below)</p> <p><input checked="" type="checkbox"/> Will you be collecting identifying information from your participants, such as their names or email addresses?</p> <p><input checked="" type="checkbox"/> Will you be videotaping your participants?</p>
---	--

## PARTICIPANTS

	<p>The following groups will be in my study (check all that apply)</p> <p><input type="checkbox"/> Children under the age of 18 years</p> <p><input type="checkbox"/> Pregnant Women</p> <p><input type="checkbox"/> Prisoners</p> <p><input type="checkbox"/> Mentally Ill Persons</p> <p><input type="checkbox"/> Individuals with an intellectual disability</p> <p><input checked="" type="checkbox"/> None of the above</p>
<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>I have a relationship with one or more of my potential participants.          Explain the relationship and how these individuals will not be pressured into participating.</p> <p>Some of the participants that I aim to recruit will be in my own department, Linguistics. This is likely because I am looking for professionals in Linguistics. In order to reduce any pressure to participate, I will not contact any potential participants directly. Instead, I will post fliers in public areas (described below).</p>
<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Will participant responses will remain confidential?          Explain how you plan to maintain confidentiality or why confidentiality will not be maintained.</p> <p>There are two areas where I will be collecting identifying information. First, interested participants will email me and I will therefore have their email addresses. To protect their confidentiality, I will purge communications from my email once the appointment is made.</p> <p>The second area where I will be collecting identifying information is through videotaped interviews. To protect participant confidentiality, I will 1) label each recording with an ID number, not their name; 2) keep all recordings in a locked cabinet inside my locked office; and 3) destroy the recordings once the data analysis is complete. At no time will anyone besides me or my research assistants view the recordings.</p>

<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Will you compensate your participants? Detail the compensation procedures.</p> <p>Participants will be compensated by a voucher process. I will place money in an account in the Gallaudet cashier's office. The participant will be given a voucher once their participation is complete or if they decide to withdraw from participation. They will exchange the voucher at the cashier's office for cash. No identifying information will be on the voucher.</p>
	<p>Explain why your compensation or lack of compensation is appropriate.</p> <p>Each participant will be paid \$20/hour for their time. This is a common compensation rate in linguistics research.</p>

Describe how you plan to recruit participants for your study (put up flyers, use email announcements, set up a table in the cafeteria, etc)?

- 1) I will put up fliers in public areas of Gallaudet University
  - 2) I will use the Gallaudet University Daily Digest (the statement that I plan to use is attached to this document)
- Interested participants will contact me to setup an appointment

**PARTICIPATION**

<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Does participation in your study pose any risk to your participants? Describe any potential risks for participating in your study and how you plan to minimize these risks and consequences.</p> <p>The risks for participating in this study are minor. The only risk is that the video recordings may be accidentally viewed by non-researchers. Safeguards have been put in place to prevent this (described above, Section III.D.1). Additionally, the interviews will be regarding professional linguistics topics, nothing sensitive.</p>
<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Will you have <u>face-to-face</u> communication with your participants? What language will be used and why was this language chosen?</p> <p>ASL will be used as it is the most common language used on Gallaudet campus.</p>
<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Will there be written communication with your participants (including consent forms, emails, flyers, and so forth)? What language will be used and why was this language chosen?</p> <p>Written English will be used as it is the most common written language used on Gallaudet campus.</p> <p>What steps have you taken to ensure the written material will be understood by the participants?</p> <p>I have had my written material reviewed by professionals in literacy and deafness at the Gallaudet University English Works Department. They have determined it is appropriate to administer to my selected participant population of deaf adults over the age of 18 years.</p> <p>What is the reading level of your written materials?</p> <p>The highest reading level is 8th grade.</p>
<input type="radio"/> Yes <input checked="" type="radio"/> No	<p>Will any specialized instruments be used in your study? Describe the instruments and qualifications for administering them.</p>

<input type="radio"/> Yes <input checked="" type="radio"/> No	<p>Will you disclose the results to each participant? Describe how you will disclose the results in a manner that is understandable and emotionally manageable for the participate</p>
---	--

**INFORMED CONSENT**

<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Will you provide informed consent to each participant? If no, why is informed consent not necessary?</p> <p>If yes, make sure your <b>informed consent form</b> explains each of the following areas:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Time required for participation</li> <li><input checked="" type="checkbox"/> What each participant is expected to do</li> <li><input checked="" type="checkbox"/> Potential Risks</li> <li><input checked="" type="checkbox"/> Compensation</li> <li><input checked="" type="checkbox"/> Accessibility of communication</li> <li><input checked="" type="checkbox"/> Freedom to Withdraw</li> <li><input checked="" type="checkbox"/> Confidentiality</li> <li><input checked="" type="checkbox"/> Plans with data after research concluded</li> </ul> <p><a href="#">Sample Informed Consent Form</a></p>
<input checked="" type="radio"/> Yes <input type="radio"/> No	<p>Will you videotape your participants? If yes, make sure your video release form explains each of the following areas:</p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> How the data on the videotape will remain secure</li> <li><input checked="" type="checkbox"/> How the videotape will be stored</li> <li><input checked="" type="checkbox"/> If and when the videotape will be destroyed</li> </ul> <p><a href="#">Sample Video Release Form</a></p>

**CONFLICT OF INTEREST**

<input type="radio"/> Yes <input checked="" type="radio"/> No	<p>Are there any ways that you could profit financially or otherwise, from the results of this research?</p> <p>If yes, please describe how you may profit from the results of this research.</p>
---	---

**SIGNATURES**

\_\_\_\_\_  
Signature of Principal Investigator    Date

\_\_\_\_\_  
Department/Budget Unit Head    Date

\_\_\_\_\_  
Faculty Sponsor:    Date

Rev: 03/2017