GALLAUDET UNIVERSITY

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 for an example
- ☐ A Video Release Form (if applicable). See 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 format:

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

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

IRB Graduate assistant, Rachel Martin: IRB@Gallaudet.edu
IRB Coordinator, Katie Spiegel: Katherine.Spiegel@Gallaudet.edu

Date Received:_____

IRB Project ID #: _____

PROJECT INFORMATION

Project Title: (Use exact title of grant or contract, as applicable)				
	Start Date:		**End Date:**	
Principal Investigator:				
Address:				
Email:				
VP:		Phone:		
University:		Department:		
Status:	Faculty			
Co-Investigator:				
Address:				
Email:				
Primary Contact Person:				
Address:				
Email:				
Gallaudet Sponsor:				
Department:				
Status:	Faculty			
Email:				
VP:		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:	☐ Personal	☐ University Department	☐ Agency or Fund Specific:
Contract or Grant Title:			
Contract or Grant #:			
Funding Status:	☐ Pending ☐ 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

RESEARCH PROPOSAL INFORMATION

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

☉ Yes ☐ No	Will you be collecting data from or about human participants? (if checked, please answer below) ☐ Will you be collecting identifying information from your participants, such as their names or email addresses? ☐ Will you be videotaping your participants?

PARTICIPANTS

	The following groups will be in my study (check all that apply) ☐ Children under the age of 18 years ☐ Pregnant Women ☐ Prisoners ☐ Mentally Ill Persons ☐ Individuals with an intellectual disability ☐ None of the above
☐ Yes ☐ No	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.
☐ Yes ☐ No	Will participant responses will remain confidential? Explain how you plan to maintain confidentiality or why confidentiality will not be maintained.

PARTICIPANTS	
☐ Yes ☐ No	Will you compensate your participants? Detail the compensation procedures.
	Explain why your compensation or lack of compensation is appropriate.

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

PARTICIPATION	
☐ Yes ☐ No	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.
☐ Yes ☐ No	Will you have face-to-face communication with your participants? What language will be used and why was this language chosen?
☐ Yes ☐ No	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? What steps have you taken to ensure the written material will be understood by the participants? What is the reading level of your written materials?
☐ Yes ☐ No	Will any specialized instruments be used in your study? Describe the instruments and qualifications for administering them.

PARTICIPATION

☐ Yes ☐ No	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

INFORMED CONSENT

☐ Yes ☐ No	Will you provide informed consent to each participant? If no, why is informed consent not necessary? If yes, make sure your **informed consent form** explains each of the following areas: ☐ Time required for participation ☐ What each participant is expected to do ☐ Potential Risks ☐ Compensation ☐ Accessibility of communication ☐ Freedom to Withdraw ☐ Confidentiality ☐ Plans with data after research concluded Sample Informed Consent Form
☐ Yes ☐ No	Will you videotape your participants? If yes, make sure your video release form explains each of the following areas: ☐ How the data on the videotape will remain secure ☐ How the videotape will be stored ☐ If and when the videotape will be destroyed Sample Video Release Form

CONFLICT OF INTEREST

☐ Yes ☐ No	Are there any ways that you could profit financially or otherwise, from the results of this research? If yes, please describe how you may profit from the results of this research.

SIGNATURES

Signature of Principal Investigator	Date
Department/Budget Unit Head	Date
Faculty Sponsor	Date

Rev: 01/2018