## IRB Proposal Application %

Human Subjects Research

<sup>*</sup> Required					
This form will record your name, please fill your name.					
1. Input today's date *					
2. What is the title of your research project? *					
3. List the names and email addresses of the lead researcher(s). *					
4. List the name and email address of your faculty/staff supervisor. *					
5. List the names of any additional campus researchers (or type "none"). *					

6. List	the names of any additional off campus researchers (or type "none"). *
7 ls th	nis research being funded totally or in part using Federal monies? *
,, is ti	Yes
0	No
8. If ye	es to #7, which agency is providing the funding? *
	es this research involve human subjects participating in procedures to elicit information rsonality test, surveys, questionnaires, observations, etc.)? *
$\bigcirc$	Yes
$\circ$	No
to c	es this research involve human subjects participating in procedures specifically designalirectly modify the knowledge, thinking, attitudes, feelings, or other aspects of behavious subjects? *
$\circ$	Yes
$\bigcirc$	No
mal part	our study employs deception, does that use of deception hinder a participant's ability see an informed decision about participation? (i.e.: would the participants decline to ticipate if they knew the true nature of the research? (If yes, then you must include a ification of the deception and submit a plan for debriefing subjects). *
$\bigcirc$	My study does not employ deception.
$\circ$	My study employs deception, but it does not hinder a participant's ability to make an informed decisio participation.
$\bigcirc$	My study employs deception, and it does hinder a participant's ability to make an informed decision ab participation.

12.	Include a justification of the deception and submit a plan for debriefing subjects. *
13.	Are the procedures to be used new or innovative (not established or accepted)? *
	Yes
	○ No
14.	Beyond the criteria of "minimal risk" will the procedure cause any degree of discomfort, harassment, invasion of privacy, risk of physical injury, threat to the dignity of subjects, or otherwise be potentially harmful to the subjects? (If the answer is yes, submit specific provisions in your research description to correct harmful or adverse conditions that may arise). *
	○ Yes
	○ No
15.	Can the potential risks of this study be considered to outweigh the benefits to subjects? *
	○ Yes
	○ No

16. Plea	se check all that apply. The research is specifically designed to involve subjects who are: *
	Fetuses
	Pregnant women
	Prisoners
	Children (minors under the age of 18)
	Physically handicapped
	Mentally disabled
	Suffering from acute or severe physical illness
	Economically disadvantaged
	Educationally disadvantaged
	Subject to military discipline
	Institutionalized
	Cedar Crest College Students
	Cedar Crest College Faculty
	Cedar Crest College Staff
	Non-Cedar Crest College Students
	Non-Cedar Crest College Faculty
	Non-Cedar Crest College Staff
	Other
17. Plea	se elaborate on your subjects if you chose "other."

18.	How	will subjects be identified? *				
	$\bigcirc$	By a code number known only to the researcher(s) for database coding				
	$\bigcirc$	By a code number keyed to their name known only to the researchers for feedback purposes, or for pre-pos-comparison.				
	$\bigcirc$	On video recording				
	$\bigcirc$	On audio recording				
19.	9. Does this research involve the use of an on-line survey? *					
	$\bigcirc$	Yes				
	$\bigcirc$	No				
20.	Doe	s this research involve the use of files or archival records from other agencies? *				
	$\bigcirc$	Yes				
	$\bigcirc$	No				
21.		e research involves the use of files or archival records from other agencies, are they de- tified (scrubbed)? *				
	$\bigcirc$	Yes				
	$\bigcirc$	No				
22.	auth	ot de-identified (scrubbed), have you obtained a letter from the associated agency norizing you to use the files? (if yes, you must upload the letter under "supplemental uments" below) *				
	$\bigcirc$	Yes				
	$\bigcirc$	No				
23.	Plea	se attach the research description. *				
	$\overline{\uparrow}$	Upload file				

24. Please attach the consent form (if applicable).

Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

25. Please attach the assent form (if applicable - i.e. your subjects are less than 18 years of age).

**T** Upload file

File number limit: 1 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

26. Supplemental Documents: Please attach any other necessary supplemental documents (recruitment emails, surveys or other instruments, references etc.)

File number limit: 10 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

27. Please upload CITI Training certificates for all researchers / advisers listed on the project. \*

**T** Upload file

File number limit: 10 Single file size limit: 10MB Allowed file types: Word, Excel, PPT, PDF, Image, Video, Audio

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