

**Full Application for Approval of Investigations  
Involving the Use of Human Subjects  
Northwestern State University**

The Principal Investigator must complete this application and electronically sign and date it before forwarding the document to others who also need to electronically sign and date it. Then the Investigator should email the application along with all supporting documents to [irb@nsula.edu](mailto:irb@nsula.edu)

All supporting documents must be saved as separate digital files (i.e. Word or PDF documents) and emailed together as one complete packet in one email to [irb@nsula.edu](mailto:irb@nsula.edu)

Please check below all the documents that are being submitted in your application.

Office	PI	
_____	_____	Informed consent form
_____	_____	Assent form
_____	_____	Debriefing form
_____	_____	Ethics Training Certificate (if your certificate is on file with the IRB and was earned in the last 5 years, then it does not need to be included in this packet.)
_____	_____	Site permission letter
_____	_____	Appendices of surveys/questionnaires/other materials that will be used in the study
_____	_____	Permission to use above mentioned surveys/questionnaires/other materials that will be used in the Study
_____	_____	Statement about maintaining and storing data for at least 5 years.
_____	_____	Statement about submitting a final report to the IRB within 6 weeks of project completion.
_____	_____	Faculty Advisor checklist (only if the PI is a student)
_____	_____	Other: _____

**For Office Use Only**

IRB Proposal ID#: \_\_\_\_\_

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

Ethics Training Certificate PI: \_\_\_\_\_

Ethics Training Certificate FA: \_\_\_\_\_

Risk Designation: \_\_\_\_\_

Approval Date: \_\_\_\_\_

**Full Application for Approval of Investigations  
Involving the Use of Human Subjects  
Northwestern State University**

This application must be completed by the Investigator and sent to the Office of Sponsored Programs by email to [irb@nsula.edu](mailto:irb@nsula.edu) All correspondence will be sent to the principal investigator and sponsor unless otherwise specified.

1. Investigator(s) Names(s): \_\_\_\_\_
2. Local Address of Principal Investigator: \_\_\_\_\_  
Campus and Local Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_
3. If you are a student, complete the following:  
Faculty sponsor & rank: \_\_\_\_\_ College/Department: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_
4. Research Project Title: \_\_\_\_\_
5. Expected Starting Date: \_\_\_\_\_ Expected Completion Date: \_\_\_\_\_
6. Where is the study taking place? (Please indicate the location from which the participants will be recruited, and where data collection will be conducted. Note that site permission letters will be required if the location is anywhere other than an NSU campus.)  
\_\_\_\_\_
7. Number and age level of human subjects: Number: \_\_\_\_\_ Age: \_\_\_\_\_
8. Indicate the categories of subjects and controls to be included in the study. Check ALL that apply:  
 Students  Normal Volunteer  Minors (17 yrs or less)  Prisoners  Abortuses/Fetuses  
 Decisionally Impaired  Decisionally Impaired (Institutionalized)  Pregnant Women  Patients
9. Is this project: (Check all that apply) A graduate thesis?  A field study?   
A Case study?  A Class project?  Publishable research?   
Being conducted in a foreign country?  Undergraduate Thesis?
10. Has this project previously been considered by the IRB and a formal decision was made?  
 Yes  No If yes, give approximate date of review \_\_\_\_\_
11. Is this proposal being submitted to a sponsor for financial support?  Yes  No  
Is notification of human subject approval required to a granting agency?  Yes  No  
What agency? \_\_\_\_\_

\*\*\*\* If submitted externally, a complete copy of the proposal must be submitted to the IRB.\*\*\*\*

12. Indicate which of the categories listed below accurately describes this protocol (This does not constitute expedited or exempt):

Not greater than minimal risk

Greater than minimal risk, but presenting the prospect of direct benefit to individual subjects

Greater than minimal risk, no prospect of direct benefit to individual subjects, but likely to yield generalizable knowledge about the subject's disorder or condition.

Research not otherwise approvable which presents an opportunity to understand, prevent, or alleviate a serious problem affecting the health or welfare of subjects

13. Identify other KEY personnel assisting in research project (attach additional sheets if necessary): (Indicate all personnel authorized by the principal investigator to obtain informed consent.)

Name, Rank/Degree \_\_\_\_\_

Responsibility in Project \_\_\_\_\_ Authorized to Obtain Consent:  Yes  No

Name, Rank/Degree \_\_\_\_\_

Responsibility in Project \_\_\_\_\_ Authorized to Obtain Consent:  Yes  No

### I. Purpose and Objectives of the Project

What is (are) the purpose(s) and objectives of the study?

### II. Design of the Project:

Describe the project design (e.g., control and experimental groups, etc.). Indicate whether or not the subjects will be randomized for this project. Address whether deception will be involved.

### III. Description of the Subject Population(s)

A. Describe the characteristics of the subject populations, such as anticipated number, age range, gender, ethnic background and health status. **If advertising for subjects, include a copy of the proposed advertisement.**

- B. Who are the subject groups and how are they being recruited? Explain how sign-up will occur.
  
- C. Approximately how many subjects are in each group? \_\_\_\_\_
  
- D. What are the criteria for selection and/or exclusion of subjects?
  
  
  
  
  
  
  
  
  
  
- E. If a special or vulnerable population is being used, please explain why they must be in the study and how their special rights and welfare will be protected. (Vulnerable populations include such groups as children under 18, minority groups, pregnant women or fetuses, prisoners, and those with mental impairment. Other populations may qualify, depending on the project.)

**IV. Recruitment Methods**

- A. Describe plans for the recruitment of subjects and the consent procedures to be followed, including how the population will be accessed, the circumstances under which consent will be sought and obtained, who will seek it and the method of documenting consent.
  
  
  
  
  
  
  
  
  
  
- B. Describe alternative procedures (treatment, care) that might be available to subjects who choose not to participate in the study which offer the subject equal or greater advantages. For example, if extra credit is awarded to students recruited from classes for participation, indicate that alternate and equivalent options are available; if experimental treatment is provided in study and a control group is employed, the control group must have the eventual option of receiving the experimental treatment.

**V. Activities Involving Human Subjects**

- A. Describe in detail the activities and procedures involving each subject group. Include the expected amount of time subjects will be involved in each activity and when and where the activities will be conducted. (Attach additional sheets as needed.)

B. How will the data be collected?

\_\_\_\_\_ questionnaires (Submit a copy. If the questionnaire was developed by the investigator, state it. Otherwise, provide evidence that the questionnaire is in the public domain or provide copyright holder and author permission statements if the questionnaire is copyrighted.)

\_\_\_\_\_ interviews (Submit sample of questions.)

\_\_\_\_\_ observations (Briefly describe below.)

\_\_\_\_\_ standardized tests (If yes, list names.)

\_\_\_\_\_ other (Describe below.)

## VI. Treatment of Data

A. How will the data be recorded (notes, video or audio tapes, computer files, completed questionnaires, tests, etc.)?

B. Who will have access to the gathered data during the study and after the study?

C. How will confidentiality be maintained during the study, after the study and in reporting the results?

D. What are the plans for the data after completion of the study, and how and when will data be maintained or destroyed? Include special measures used to secure data (e.g. locked file cabinet, limited access, location of archival data, stored for at least five years)

## VII. Benefits, Risks, Costs

- A. What are the potential benefits to the subjects, to the field or discipline, and to the university? Discuss why the risks to subjects are reasonable in relation to the anticipated benefit to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.
- B. What compensation (money, extra credit, etc.) will be offered to the subjects, and how will it be dispersed? If monetary compensation is offered, indicate how much the subjects will be paid and describe the terms of payment.
- C. What risks to the subjects are most likely to be encountered?
- \_\_\_\_\_ social (employability, financial/personal reputation, etc.)
  - \_\_\_\_\_ psychological (emotional, behavioral, etc.)
  - \_\_\_\_\_ physical
  - \_\_\_\_\_ loss of confidentiality
  - \_\_\_\_\_ criminal or civil liability
  - \_\_\_\_\_ deception (benevolent misdirection)
  - \_\_\_\_\_ financial (any expense including travel)
  - \_\_\_\_\_ other (explain below)
- D. Explain any of the risks identified above.

What safeguards will you use to eliminate or minimize these risks, including risks to confidentiality? If subjects experience adverse reactions, how will these reactions be managed or where can they seek help and at whose cost? Also, where appropriate, describe the provisions for maintaining the data collected to ensure the safety of subjects' anonymity.

## VIII. Off-Site Research

- A. If the research project receives federal funds from an agency, each study site will need to negotiate a Federal Wide Assurance with the Office for Human Research Protections (OHRP). Guidance may be found at OHRP's web site, <http://ohrp.osophs.dhhs.gov/irbasur.htm>.
  
- B. If the research project will receive no federal funds, a letter from the appropriate administrator of each facility should be submitted on the facility's letterhead stationary and should contain the following information: agreement for the study to be conducted; identification of someone at the site who will provide information about appropriateness for its population; assurance of adequate capabilities to perform the research as approved by the IRB; and, if applicable, assurance that facility personnel involved in data collection have appropriate expertise and will follow IRB approved procedures.

## IX. Follow-up Procedures

All approved projects will submit a final report (e.g., abstract of thesis or article) to the IRB within six weeks of the conclusion of the project. If the project will continue past the reported completion date, the investigator will provide to the IRB chairperson a written continuance request with an explanation of why more time is needed for the project. The IRB chairperson must approve the request before the project will be allowed to continue.

## X. Informed Consent

**Attach all the informed consent form(s), permission letters, sample documents and if applicable) release forms you will use in this study.**

- A. How will the study be explained to the subjects and by whom?
  
- B. Does the consent form include the following information? Answer "yes" or "no" in each blank.  
\_\_\_\_\_ The title, the principal investigator's name, and purpose of the project.  
\_\_\_\_\_ A statement that explains what the participant will have to do.  
\_\_\_\_\_ A statement that participation in this project is voluntary.  
\_\_\_\_\_ A statement that explains the cost, if any, to the subject to participate.  
\_\_\_\_\_ A statement that the subject's name will not be revealed or linked in any way to the data that is collected **OR** request to waive this requirement is explained below. Conditions for waiver usually include written consent of the subject and justification that the need to use the subject's name is integral to the study.  
\_\_\_\_\_ A statement that explains who will have access to the requested information.  
\_\_\_\_\_ A statement that the participant may withdraw from the study at any time without penalty.  
\_\_\_\_\_ The name and phone number of a specific person to contact if the participant has questions or concerns about the project.  
\_\_\_\_\_ The name and phone number of counseling or treatment center should subjects experience any adverse effects as a result of the project. Include who will pay for treatment if treatment is sought.

\_\_\_\_\_ A statement that neither participation nor non-participation will effect a student's grade in any institution

\_\_\_\_\_ If participants receive extra credit points, non-participants must have an opportunity to earn equivalent points.

\_\_\_\_\_ A statement that explains benefits to subjects and/or department.

\_\_\_\_\_ A statement or space for participants to receive the summary of results (if applicable).

\_\_\_\_\_ A conflict of interest statement.

C. Explain "no" answers or request for waiver (above), or other special conditions relating to informed consent.

D. If subjects are less than the age of legal consent, or are mentally incapacitated, indicate how consent of parents, guardians, or other qualified representatives will be obtained.

E. If the project involves minors, the informed consent form must also include the following information:

\_\_\_\_\_ The consent form must be clearly identified as a consent form of a minor.

\_\_\_\_\_ At least one parent or guardian must sign the consent form

\_\_\_\_\_ Minors six (6) years of age or older should be involved in the decision to participate.

## **XI. Debriefing Form**

A. The debriefing form should be a past-tense form of the informed consent form.

B. The subject must be allowed to keep the debriefing form.

**Certification and Approval Certification by Investigator:** I agree to accept responsibility for the scientific and ethical conduct of this research study; to obtain prior approval from the Institutional Review Board before amending or altering the research protocol or implementing changes in the approved consent form; to immediately report to the IRB any serious adverse reactions and/or unanticipated effects on subjects which may occur as a result of this study; to submit a written continuance request to the IRB, if needed; and to submit a final report to the IRB within six weeks of the conclusion of the project.

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Signature of Investigator

Date

**Faculty Sponsor:** If the Investigator is a student, his/her Faculty Sponsor must approve this form. I certify that this project is under my direct supervision and that I have reviewed this research protocol and that I attest to the scientific merit of this study and the competency of the investigator(s) to conduct the project.

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Signature of Faculty Sponsor

Date

**Approving Agent/Budget or Unit Head:** I have reviewed the design of the proposed study and certify that the safeguards utilized do adequately protect the rights and welfare of the human subjects involved. I also attest to the scientific merit of this study and the competency of the investigator(s) and give my permission to conduct the project.

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Signature of Approving Agent/Budget or Unit Head

Date

**Chairperson of IRB:** I have reviewed the design of the proposed study and certify that the safeguards utilized do adequately protect the rights and welfare of the human subjects involved. The principal investigator and a faculty sponsor (if applicable) also certify that the study will be monitored to assure compliance with the design.

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Signature of Chairperson of IRB

Date