HANDWRITTEN FORMS WILL NOT BE ACCEPTED
APPLICATION MUST BE SINGLE SIDED – DO NOT STAPLE

Directions for Completion of the IRB Application Form

Handwritten forms will not be accepted.

Check boxes by double clicking on the box → then choose checked→ then click "OK".

Words within the form that appear blue and are underlined are hyperlinks. Clicking on these words will direct you to a web page that provides more information on how to fill out that section of the form.

A check list of necessary items is provided for your convenience on the last page of this form. Also, on the last page of this form are further instructions and additional information regarding the IRB process.

Please submit the Application for Review of Human Subjects Research to the IRB office as a single sided document.

When submitting via email a scanned copy of the signature page is required.

APPLICATION FOR REVIEW OF HUMAN SUBJECTS RESEARCH

SUBMITTED TO THE
JACKSON STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD
Pursuant to 45 CFR 46

_____
Date Received

Type of Review:

☐ Exempt
☐ Expedited
☐ Full Board

Protocol #:

FOR OFFICE USE ONLY

Title of Project:

Research Project Period:

Is the Project externally funded? ☐ Yes ☐ No If yes, complete the following: ☐ Private ☐ State ☐ Federal

Agency: Grant No: JSU Routing No:

Site of Research:

(If a cooperating institution, i.e., school, hospital, prison, etc. is involved, prior written permission must be obtained. (Append approval letter.)

Faculty/Advisor/Researcher(s): *I acknowledge that this represents an accurate and complete description of my research. If there are additional faculty, provide information on the additional faculty continuation page form located on the JSU website.*

Faculty/Researcher(s) Name (typed) | Signature of Faculty/Researcher | Date

Department | College/School

Faculty/Researcher(s) Mailing Address | Phone | E-Mail (JSU only)

Required CITI Training Complete: ☐ Yes ☐ No
(Training must be completed before application can be reviewed)

Cite Your Research Experience:

Staff: *I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human subjects are properly protected.*

Staff's Name (typed) | Signature of Staff | Date

Department | College/School

Staff's Mailing Address | Phone | E-Mail (JSU only)

Required CITI Training Complete: ☐ Yes ☐ No
(Training must be completed before application can be reviewed)

Cite Your Research Experience:

Student: *I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human subjects are properly protected. (Must have faculty advisor to conduct research)*

Student Classification: (Please check) ***Anticipated Graduation Date:***

☐ Doctoral ☐ Post-Doctoral ☐ Specialist ☐ Master's ☐ Undergraduate ☐ Other

Project Purpose: ☐ Dissertation ☐ Thesis ☐ Class Project ☐ Other (explain)

Student's Name (typed)	Signature of Student	Date
Department	College/School	
Student's Address	Phone	E-Mail (JSU only)

Required CITI Training Complete: ☐ Yes ☐ No
(Training must be completed before application can be reviewed)

Cite Your Research Experience:

Additional Researcher(s)/Investigator(s): *I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human subjects are properly protected.*

Investigator's Name (typed)	Signature of Investigator	Date
Department	College	
Investigator's Mailing Address	Phone	E-Mail (JSU only)

Required CITI Training Complete: ☐ Yes ☐ No
(Training must be completed before application can be reviewed)

Cite Your Research Experience:

NOTE: If sufficient space is not provided below for a complete answer, please use additional pages as necessary.

1. Describe the purpose and the research problem in the proposed study. *Your response in this section will enable the reviewer(s) to determine whether the project meets the criteria of research with human participants and also the extent to which the research may produce new generalizable knowledge that may benefit the participants and/or society.*

2. Describe your research design:

a. Type of Research (please check): ☐ Qualitative (nominal or ordinal) ☐ Quantitative (interval or ratio)

b. Type of Data (please check): ☐ Primary (human subjects) ☐ Secondary (human subjects) ☐ Secondary (bio-specimen) (*If using secondary data, please attach your source, i.e., letter of permission, etc.*)

c. A brief description of your proposed data analysis: (T-test, chi-square, correlation, ANOVA, MANOVA, Regression, Discriminant Analysis, etc.)

*****If using secondary data, please proceed to Question 17*****

3. (a) Describe the subjects for this study:

1) Describe the sampling population:

2) Describe the subject selection methodology (i.e. random, snowball, etc.):

3) Describe the procedures to be used to recruit subjects. Include copies of scripts, flyers, advertisements, posters, and letters to be used:

4) How many subjects are expected to participate? Show results of power analysis/G*Power http://www.gpower.hhu.de/en.html
Note: If you have not conducted a power analysis or determined the sample size needed for statistical significance (inadequate numbers), then you must state your study is a "Pilot Study" in the Title of your project

5) What is the expected duration of participation for each segment of the sampling population? If there is more than one session, please specify the duration of each session:

6) Describe the calendar time frame for gathering the data using human subjects:

7) Describe any follow-up procedures planned:

(b) Will the research include vulnerable populations? ☐ Yes ☐No (If yes, please identify each group below? And please provide assent/consent forms)
Check all that apply
☐ Children (17 years and younger) ☐ Pregnant women ☐ Prisoners ☐ Mentally disabled

4. Provide a detailed description of any methods, procedures, interventions, or manipulations of human subjects or their environment and/or a detailed description of any existing datasets to be accessed for information. Please indicate the physical location where the research will take place (if multiple locations, please provide descriptions, i.e. virtual, online, etc.)

5. Include copies of any questionnaires, tests, or other written instruments, instructions, scripts, etc., to be used. You must append a copy of questionnaires or test instruments.

6. The survey instruments and/or questionnaires are:
☐ Self-designed ☐ Purchased- (included name of publisher and append proof of purchase)

☐ Published in a journal-provide citation and permission from the author to use the instrument

7. Please list by position any additional personnel (undergraduate assistants, graduate research assistants, members of the community) who will be involved in the recruitment or consent process or data collection and/or analysis.

8. Please list names, emails and telephone contact information.

9. Will the subjects encounter the possibility of stress or psychological, social, physical, or legal risks that are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests? ☐Yes ☐No

If Yes, please justify the need:

Please specify the types of risks:

10. Do you supervise, teach, or have direct contact with the participants you plan to recruit? ☐ Yes ☐No (if yes, please explain).

11. Will the subjects be deceived or misled in any way? ☐Yes ☐No (If Yes, please explain:)

a. How is it made clear to the subject that they may withdraw at any time? (Use the language from the consent/assent form.)
b. How is it made clear to the subjects that they may refuse to answer any specific question that may be asked of them? (Use the language of the consent/assent form.)

12. Will information be requested that subjects might consider personal or sensitive? ☐Yes ☐No

If Yes, please explain:

13. Will the subjects be presented with materials that might be considered offensive, threatening, or degrading? ☐Yes ☐No If Yes, please explain, including measures planned for intervention if problems occur.

14. Will any inducements/incentives be offered to the subjects for their participation?

☐ Yes ☐No

If Yes, please explain:

15. Describe the process to be used to obtain the consent/assent/parental permission of all subjects (as appropriate). Who will seek the consent/assent/permission?

16. Describe the steps taken to minimize coercion or undue influence, and the method(s) to be used to document consent/assent/permission. **Please submit copies of all consent documents with your application**

17. Describe the steps you will take to protect the confidentiality of the collected information, and how you will advise subjects of these protects during the consent process. All information obtained during this study is private. That is, we protect the privacy of the people by withholding their names and other personal information from all persons not connected to this study. Each person will be identified using a code number rather than your name. The raw data shall be retained for 3 years, and all records relating to this research shall be retained for 3 years after completion of the research.

a.)Include information on data storage and access information will be stored in the most secure manner for 2 years as required by federal law. Although the information in this study is private, security of the data can only be promised within the boundaries of the university and researcher or faculty advisor. Confidentiality will be broken if the information obtained reveals that you intend to harm yourself or another person.

b.)If data will not be reported in the aggregate, please explain how the data will be reported.

c.)**All responsible for this date , i.e.. faculty/advisor, staff, student, etc. agrees that:**
Raw data will be kept in a secure location until the information has been saved as data file for analysis. The raw data shall be retained for 3 years, and all records relating to this research shall be retained for 3 years after completion of the research. All records shall be accessible for inspection and copying by authorized representatives of the Institutional Review Board at reasonable times and in a reasonable manner.

Site Location:

Office Location and Address:

Name of Faculty/Advisor

Name of Student

_____ _____

Signature Date

_____ _____

Signature Date

Application Submission (must include the following if applicable):

Checklist for application submission:

- ☐ Author's permission to use survey instruments
- ☐ Author's permission to use secondary data (if applicable)
- ☐ Completion of required CITI certificate (www.citiprogram.org)
- ☐ Grant Proposal, if research is externally funded
- ☐ Outline or script of information to be provided prior to subjects' agreement to participate
- ☐ Copies of flyers, announcements or other forms of recruitment
- ☐ Informed consent/child assent/parental permission forms
- ☐ Instrument(s) [questionnaire, survey, tests]
- ☐ Cooperative Institution Approval Letters

Submission Addresses:

Mail or hand deliver to:

IRB/Research and Federal Relations **Jackson State University** **Administration Towers** **6th Floor** **Jackson, MS 39217**	**P.O. Box 17057** **Jackson, MS 39217**

Email Submission (Application must be signed):
irb@jsums.edu

For assistance, please contact the IRB staff in the Division of Research and Federal Relations at 601-979-2931 or email irb@jsums.edu.