**Overview**

The purpose of the Institutional Review Board (IRB) is to ensure that research projects at College of The Albemarle are conducted in full compliance with federal regulations designed to protect the rights and welfare of human subjects. The IRB ensures that research participants’ risks are minimized and that there is informed and voluntary participation in research studies. For IRB purposes, minimal risk means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests

The Work Team should be composed of faculty members who have done research for a program or a degree, administrators/ staff members who have done research in the past, and the college’s Vice President of Institutional Research, Planning, Effectiveness and Technology.

**To Obtain IRB Approval**

The Application for approval to conduct research at COA must be completed and signed (starting on page two). Upon recommendations from the IRB work team, approval will be provided by the Vice President of Institutional Research, Planning, Effectiveness and Technology. Data collection may not commence until the application has been approved.

**Instructions:**

Please enter all relevant information in the shaded areas below. Submit this completed application along with relevant support materials electronically to the [Vice President of Institutional Research, Planning, Effectiveness and Technology](https://www.albemarle.edu/directory/roughton-dean/) at College of The Albemarle.

***1. Research Title*:**

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|  |

***2. Investigators*:**

If you are a master’s or doctoral candidate, please identify your committee chair or key advisor in one of the appropriate boxes below and identify their correct role.

|  |  |
| --- | --- |
| Principal Investigator (PI) |  |
| Name: |  |
| Affiliated Institution: |  |
| Mailing Address: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |

|  |  |
| --- | --- |
| Co-Investigator(s) |  |
| Name: |  |
| Affiliated Institution: |  |
| Mailing Address: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |

|  |  |
| --- | --- |
| Co-Investigator(s) |  |
| Name: |  |
| Affiliated Institution: |  |
| Mailing Address: |  |
| Email: |  |
| Phone: |  |
| Fax: |  |

***3. Study Purpose*:** Provide a brief description of the purpose of this study. Upon conclusion of the study, how will you share the results and/or use of the data (academic publication, conference presentation, master’s thesis or doctoral dissertation)?

|  |
| --- |
|  |

***4. Anticipated Dates of Research*:**

|  |  |
| --- | --- |
| Start Date (may not be prior to IRB approval): |  |
| Completion Date: |  |

***5. Level of Risk*:** Does this study include any procedures that present more than minimal risk to the participants? (A study is considered to present minimal risk if the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations).

|  |  |
| --- | --- |
| Yes |  |
| No |  |

***6. Study Sample*:** (Groups specifically targeted for this study)

|  |  |
| --- | --- |
| Describe the participants you plan to recruit and explain the criteria used in the selection process: |  |

***7. Study Locations*:**

|  |  |
| --- | --- |
| College of The Albemarle (NC) |  |
| Other location in North Carolina |  |
| Outside North Carolina |  |

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***8. Recruitment Method*:**

|  |  |
| --- | --- |
|  |  |

**9. Participant Incentives:**

|  |  |
| --- | --- |
| Will you pay the participants? If yes, then how much and when? |  |
| Will you give non-monetary gifts/incentives? If yes, then describe the gifts/incentives, their value, and when they will be given. |  |

**10. Informed Consent:**

|  |  |
| --- | --- |
| Are all of your participants adults (age 18 and older)? |  |
| Will any of your participants be children or prisoners? If yes, then describe how you will obtain informed consent from the appropriate authorities. Attach all relevant forms. |  |
| For participants who are adults, how will you obtain their informed consent? Attach relevant forms if necessary. |  |
|  |  |

**11. Procedures:**

|  |  |
| --- | --- |
| What data will you collect? |  |
| Please describe in detail the process each participant will experience: |  |
| How much time will be required for each participant? |  |
| How will you collect the data? |  |

Please include a copy of the survey questions, interview questions, or other data collection instruments. If the survey/questionnaire/interview questions have not been fully developed, then provide information on the types of questions to be asked.

**12. Protection of Confidentiality:**

|  |  |
| --- | --- |
| Describe the security measures you will take to protect the confidentiality of the data collected. |  |
| Will participants be identifiable either by name or through demographic data? |  |
| If yes, then how will you protect the identities of participants and their responses? |  |
| Where will the data be stored, and how will it be secured? |  |
| Who will have access to the data? |  |
| How will personal identifiers be maintained or destroyed after the study is completed? |  |

**13. Risk/Benefit Analysis:**

|  |  |
| --- | --- |
| Describe all potential risks and benefits to the participants. |  |
| Describe the procedures used to protect against or minimize potential risks. |  |

**14. Agreement by the Primary Investigator:**

I have reviewed this protocol/application form for approval of human subjects research. I have followed the appropriate initial steps for IRB and human subjects research training and approvals at my institution (if other than College of The Albemarle). I request approval of this study to collect data at College of The Albemarle. I understand that failure to adhere to any of the guidelines or follow-up reporting may result in immediate termination of this study.

Could the results of this study provide actual or potential financial gain to you, a member of your family, or any co-investigators, or give the appearance of a conflict of interest? If yes, then by your signature you agree to disclose any actual or potential conflict of interest prior to implementing this study.

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| Yes |  |
| No |  |

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| --- | --- | --- |
|  |  |  |
| Signature of Principal Investigator |  | Date |

**15. Statement of Assurance by Supervisor:**

I have reviewed this application and the PI’s research plan. I verify that this proposed research study has received approval in accordance to department procedures (or institutional procedures if the PI is not from College of The Albemarle). I have evaluated the plan to ensure protection of human subjects.

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| --- | --- | --- |
|  |  |  |
| Signature of Principal Investigator |  | Date |