**Pacific Union College Institutional Review Board**

***IRB approval must be obtained prior to starting any research with human subjects.***

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

**Research Project**

Project Title:

Dates of Research Project: From to

Target PUC Participants:

* PUC Students
* PUC Employees
* Other:

**Principal Investigator**

Name:

Email: Phone:

Mailing Address:

Affiliated Institution:

Are you requesting expedited review by the PUC IRB based on existing IRB approval from your affiliated institution?

* Yes

Required Documents

* + Completed page 1 of this application (Pages 2-3 do not need to be completed at this time)
  + IRB Application as submitted to your Affiliated Institution, including all attachments
  + IRB Approval received from your Affiliated Institution
* No

Required Documents

* + Completed pages 1-3 of this application
  + Informed Consent Form
  + Survey and/or Interview Questions
  + Certificate of Completion of the NIH Protecting Human Research Participants Training

*Can be completed for free online at* [*https://phrp.nihtraining.com/users/login.php*](https://phrp.nihtraining.com/users/login.php)

* + Any Other Relevant Documents:

I certify that the information provided in this application is complete and correct. I understand that as a researcher, I have ultimate responsibility for the conduct of the study, adherence to ethical standards, and protection of the rights and welfare of human participants. I pledge that I will not change any of the procedures, forms, or protocols used in this study without first seeking review and approval from the Pacific Union College Institutional Review Board.

Signature Date

**1. PURPOSE:** Describe the purpose of your research, including the research question(s).

**2. PARTICIPANTS:** Describe your participants. Who are they and how will you recruit them? What is your estimated sample size?

**3. METHODOLOGY:**Describe in detail and in sequence the study procedures that will involve these human participants. What will your participants do as part of your study?

**4. RISKS:**Describe the risks for participants. What steps will you take to minimize risks? What options will be available to participants who experience adverse effects?

**5. BENEFITS:**Describe the benefits of this study for participants and for the broader academic community. In addition, are you offering payment or other inducements to participants in this study?

**6. PRIVACY:** Describe the procedures for protecting the privacy of your participants. How will you maintain privacy during the study? Where will you store the data and research records and how will you ensure their security? When will your data be destroyed?

**7. INFORMED CONSENT:** Describe your procedure for providing comprehensive information about your research methodology to the human participants. How will you obtain their informed and voluntary consent for participation?

**I.R.B. Use Only**

Date Proposal Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed by I.R.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committee Action: □ Approved

□ Approved with Qualification

□ Returned for Revision Date Department Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

Committee Signatures:

Aimee Wyrick-Brownworth Chair Tammy McGuire

Damaris Perez Backil Sung