**APPLICATION FOR EXEMPTION**

**\*\*\*\* Please be sure your project is eligible for Exemption before using this form \*\*\*\***

Visit <http://www.udayton.edu/research/compliance/irb/apply/index.php>

**Please read the instructions carefully, answer the questions completely, and direct all QUESTIONS and submit all Application Materials Electronically to** **IRB@UDayton.edu****.**

**1a. Date of Submission:**

**1b. PRIMARY INVESTIGATOR INFORMATION**

Name:

Department:

Email (**PLEASE USE UDAYTON.EDU ADDRESS**):

Position in University (if student, must indicate faculty sponsor):

Faculty Sponsor Name:

Faculty Sponsor Department:

Faculty Sponsor Email:

**2. PROJECT TITLE:**

**3. PROJECT TIME FRAME** – Start Date: End Date:

**4. PROJECT EVALUATION** - Please **Check** ALL of the following that apply.

Target Populations Include:

[ ]  Athletes

[ ]  Children 0-12 (Parental Consent required)

[ ]  Children 13-18 (Parental Consent required)

[ ]  Developmentally disabled

[ ]  Elderly

[ ]  Mentally ill

[ ]  Military personnel

[ ]  Persons convicted of a crime or on parole

[ ]  Persons over the age of 18 ONLY

[ ]  Persons with English as a second language

[ ]  Physically impaired

[ ]  Pregnant women

[ ]  Teachers

[ ]  UD staff

[ ]  UD students

[ ]  College Students (non-UD)

[ ]  Victims of crime

Compensation

 [ ]  Participants will receive an incentive or reimbursement of expenses

 [ ]  No incentives or reimbursement will be given

Site of Data Collection:

[ ]  Classroom

[ ]  Health care facility

[ ]  Public place

[ ]  Off-campus

[ ]  Military or government-operated installation

[ ]  Non-UD campus

[ ]  UD campus

[ ]  Other – Specify:

Reason for Research:

[ ]  Faculty/Staff research

[ ]  Undergraduate research [ ]  Graduate research

Type of Data Collected/Method of Storage:

[ ]  Archives

[ ]  Audio-recordings will be made (must be noted in consent document!)

[ ]  Collection of existing data or records

[ ]  Data will be collected anonymously

[ ]  Data will be kept confidential

[ ]  Pseudonyms will be used

[ ]  Data will be stored anonymously

[ ]  Medical records will be used (may need HIPAA releases and training)

[ ]  Photographs will be taken (must be noted in consent document!)

[ ]  Publicly available data

[ ]  Specimens or data collected for non-research purposes

[ ]  Participant data will be stored with participant’s identity

[ ]  Video recordings will be made (must be noted in consent document!)

Instrument/Method of Data Collection:

[ ]  Deception will be used

[ ]  Focus groups

[ ]  Includes follow-up contact with participants

[ ]  Interviews – e-mail/text/on-line

[ ]  Interviews – face to face

[ ]  Interviews -- telephone

[ ]  Non-UD personnel will collect data

[ ]  Observation of public behavior

[ ]  Psychological tests

[ ]  Cognitive Performance Tests

[ ]  Physical Performance/Endurance Tests

[ ]  Research on established educational practices

[ ]  Surveys – anonymous paper

[ ]  Surveys – online

[ ]  Educational or aptitude tests

[ ]  Physiological devices or sensors

Does Your Research Involve Any of the Following Topics?

[ ]  Alcohol use

[ ]  Drug use

[ ]  Emotional stress

[ ]  Illegal activities

[ ]  Sexual habits

[ ]  Sexual orientation

**5.** **PROJECT STAFF**

*Please list personnel, including students, who will be working on this protocol (insert additional rows as needed). This includes anyone who interacts with participants or handles non-anonymous data.*

|  |
| --- |
| **Name, Title & Degree** |
| 1. |
| 2. |
| 3. |

**6. RESEARCH ABSTRACT** - In 2 to 3 sentences using **LAY language**, describe the aims of this project. Response:

**7. RESEARCH QUESTION** – In 1 to 2 sentences, describe the question you hope to answer. Response:

**8. STUDY POPULATION AND RECRUITMENT** - Describe the following: inclusion and/or exclusion criteria to be used, how many participants, how will you recruit participants, attach electronic copies of advertisements/brochures/scripts you will use for recruitment. Response:

**9. PROCEDURES/METHODS** - Describe procedures involving human participants for this protocol. Include electronic copies (if possible) of all surveys and outcome measures used. Response:

**10. RISKS** - Describe the risks to participants. Risks listed here should be included in the consent document. What steps will be taken to minimize risks? Response:

**11. CONFIDENTIALITY/DATA MANAGEMENT** - How will data and responses be managed, stored, protected, and reported? Will participant confidentiality be protected? Will participants be audio-recorded, photographed, video-recorded during this study? (Please note this in the consent doucment.) Response:

**12. COMPENSATION -** Will participants be compensated for participation? If so, please include details. \*\*Please review the IRB Guidance on Human Research Incentives.\*\*Describe how compensation will be administered and amounts to be given. Describe how recordkeeping will be handled and identify the source of funds. Response:

**13. ATTACHMENTS/APPENDICES.** These can be sent by e-mail to IRB@udayton.edu. (Check all that apply)

[ ]  Consent forms will be used and are attached for review (Use UD consent form template; for anonymous surveys, use *Invitation to Participate* template only).

[ ]  Consent forms will not be used (**Must justify request for waiver**).

[ ]  Advertisements used to recruit participants (e-mail, brochure, fliers, etc.)

[ ]  Survey or questionnaire to be used in this research.

**14. OTHER APPROVALS** - **CHECK** ALL that apply and submit copies with application

[ ]  Has this protocol been submitted to any other IRBs? If so, please list along with protocol title, number, and expiration date.

[ ]  If you will be collecting data OFF-CAMPUS, you must provide documentation of approval by a site administrator (e.g., school principal). **This can be sent by e-mail to** **IRB@udayton.edu**.

[ ]  If you are a STUDENT, you must provide documentation that your faculty advisor (1) has read your IRB application, and (2) approves of the research as proposed. **This can be sent by e-mail by the faculty advisor to** **IRB@udayton.edu****.**

**15. IS THIS PROJECT EXTERNALLY FUNDED?** (Please indicate the funding source.) Response:

IMPORTANT NOTE: PLEASE LOOK OVER SECTIONS 13 AND 14 AGAIN TO BE SURE YOU HAVE ALL OF THE PARTS OF THE APPLICATION SUBMITTED. **INCOMPLETE APPLICATIONS CANNOT BE REVIEWED.**