

Appendix E: IRB Application



This form is used when you have determined by completing the Exempt Research Checklist that your study does **NOT** qualify as exempt research. Please send this completed and signed application, along with supporting documentation, electronically to irb@cu.edu using the following pdf file name format: <Last Name_First Name_Program/Department_IRB Expedited/Full.pdf>. For example, <Kim_Eugene_EDD_IRB Full.pdf>

LEVEL OF REVIEW: ☐ Expedited ☐ Full Board

Title of Research Project:

Principal Investigator/Researcher

Name: _____ CUI E#: _____
Department/Course: _____ Phone: _____
CUI Email: _____ Alternate Email: _____

Principal Researcher's Status: (check one)

- | | |
|--------------------------------------|---|
| ☐ CUI Student | ☐ CUI Adjunct Faculty |
| ☐ CUI Faculty | ☐ Other (explain): _____ |
| ☐ CUI Staff | |

Researcher's Degree/Program Information (only respond if you are currently a student):

Institution: _____ Program & Degree: _____
Supervisor Name: _____ Supervisor Email: _____
Supervisor Title/Role: _____

Research Begin Date: _____ **Research End Date:** _____

Location(s) of the research: _____

Participants: (check all that apply)

- | | |
|---|---|
| ☐ Female / ☐ Male | ☐ Inmates |
| ☐ Child Development Center | ☐ Children with special needs |
| ☐ Children (17 or younger) | ☐ Patients in institutions |
| ☐ English Language Learners | ☐ Pregnant women |
| ☐ Adults competent to consent | ☐ Adults <u>not</u> competent to consent |
| ☐ CUI students | ☐ CUI Faculty/Staff |
| ☐ Athletes | ☐ Other, explain: _____ |
| | ☐ Independent Study |

Purpose of this research is:

- | | |
|---|--|
| ☐ Graduate Thesis or Project | ☐ Honors Project |
| ☐ Doctoral Dissertation | ☐ President's Academic Showcase |
| ☐ Classroom Project | |
| ☐ Other (please describe): _____ | |

FUNDING:

1. Are you seeking funding for this research? ☐ No ☐ Yes
2. Does the funding agency require IRB approval? ☐ No ☐ Yes
If yes, provide all relevant forms, instructions, etc. with this application.

INTRODUCTION: Research Purpose /Objective (*describe in 200 words or less the purpose of the study. What are the problem statement, research questions and hypotheses?*)

RESEARCH METHODOLOGY: (*describe in 400 words or less*)

1. Sample (including sample size, sample demographics/characteristics and recruitment/selection process)
2. Approach (type of methodology, qualitative/quantitative/mixed)
3. Instrument (instruments/protocols used, cognitive/psychological tests, permissions)
4. Data Analysis (QDA, statistics)

RISKS & BENEFITS

Potential risks for human participants: *(describe in 100 words or less the likelihood and seriousness of physical, psychological, social, legal, or other risks. Examples include physical injury, allergies, loss of privacy, release of potentially damaging personal information, psychological trauma, emotional discomfort.)*

How risks will be minimized (include confidentiality and anonymity): *(describe in 100 words or less procedures for protecting against or minimizing each potential risk. For example, loss of privacy may be reduced by storing research materials in a locked cabinet or by using codes rather than participant names or by conducting an anonymous study. In the likely event of harm, referrals to psychological and/or medical resources must be provided.)*

Anticipated benefits of the study: *(describe in 100 words or less any potential direct benefits such as health-related or psychosocial benefits to an individual research subject and contributions to generalizable knowledge.)*

Compensation: *(describe in 100 words or less any compensation that will be awarded to subjects for participation in the study (e.g., cash payment, gift card, course credit, free treatment). For extra credit or course credit, state the alternative method(s) that will be available for earning the credit for those who do not wish to participate.)*

AUTHORIZATIONS & CONSENT

Site: *(describe in 100 words or less your affiliation with and role at the research site(s) including any potential conflicts of interest, real or perceived).*

Informed Consent: *(describe in 200 words or less the procedures for obtaining informed consent from subjects including where, when and by whom consent will be obtained, what language will be used, and what steps will be taken to minimize the possibility of coercion or undue influence.)*

In addition to the completed IRB Application please attach following documents:

- ☐ CITI Human Subjects Training Certificate(s) for all researchers and university supervisor(s)
- ☐ [Expedited Checklist](#) (if research does not require Full Board Review)
- ☐ Consent and/or Assent Forms you will be using
- ☐ If applicable, attach [Site Authorization Form](#) and/or other institutions' IRB approvals
- ☐ If applicable, attach data instruments (e.g., surveys/interview questions)
- ☐ If applicable, translations and verification of measurement instruments and consent forms
- ☐ If applicable, recruitment materials
- ☐ If applicable, **ATTACH** other materials required by your School or Program. **Please list additional materials:**

Upon approval, the researchers will receive an email from the chair of the IRB, or the chair-appointed School/Program reviewer, informing them that the researchers may proceed with the implementation of the study. If unapproved, the chair or IRB reviewer will provide feedback on what information and documentation is deficient, and in need of revision for approval.

Researchers are required to notify the IRB of substantive changes to protocol, unanticipated adverse, serious events experienced by participants, and project completion. Projects lasting longer than one year require annual research protocol renewal using the [Annual Review Form](#). This must be submitted at least one month prior the expiration date of the original approval.

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I guarantee that responses above are accurate and complete. In addition, I agree to follow the procedures outlined herein, and if applicable, to ensure that the rights and welfare of human participants are properly protected. I will ensure the study does not commence until the study has been approved by CUI IRB. I will promptly report additions, changes, or problems involving the rights or welfare of human participants to CUI IRB by sending the appropriate IRB form to irb@cui.edu.

Researcher Signature _____ **Date:** _____

Supervisor Signature _____ **Date:** _____

Other Researchers:

Name: _____ Role: _____

Email: _____ Phone: _____

Signature _____ **Date:** _____

Name: _____ Role: _____

Email: _____ Phone: _____

Signature _____ **Date:** _____

Name: _____ Role: _____

Email: _____ Phone: _____

Signature _____ **Date:** _____

Name: _____ Role: _____

Email: _____ Phone: _____

Signature _____ **Date:** _____